STATES OF GUERNSEY
BOARD OF HEALTH

REPORT FOR
THE YEAR 1987

The Annual Report of the
Community Health Department
for 1987 incorporating the

89th ANNUAL REPORT

of the

MEDICAL OFFICER

OF HEALTH

Annual Report of the Community Health Department, incorporating the REPORT OF THE MEDICAL OFFICER OF HEALTH for 1987

* * *

Lukis House
Grange
St Peter Port
Guernsey.

30th August 1988

Sir,
I have the honour to present to you the Annual Report of the Community Health Department, incorporating the report of the Medical Officer of Health for 1987.

I have the honour to be, Sir
Your obedient servant

E Lawrence

E.P. Lawrence, M.A.,M.B.,B.Ch.,
F.F.C.M.,D.P.H.,D.T.M & H.

Consultant Community Physician/
Medical Officer of Health

The President,
Board of Health,
Guernsey

CONTENTS

Page

3 Contents
4 Members of the Board
5 Introductory Letter
9 Historical Background
10 Community Health Department - Staff
11 Community Health Department - Finance

STATISTICS

12 Vital Statistics
13 Selected Statistics Compared
14 Birth and Death Rates
15 Population Estimates: 1961 - 1987
17 Average Age at Death

MATERNAL AND CHILD HEALTH

18 Preventive Child Health
20 Immunisation
23 Statistics: Births etc
27 Health Visiting
30 Health Promotion
30 Family Planning
31 Non-Accidental Injury to Children

COMMUNITY NURSING

32 Community Nursing Services
37 The Elderly and Residential Homes
38 Terminal Care

MEDICAL ADVICE TO STATES DEPARTMENTS

39 Civil Service Board - Staff Health
39 States Water Board
39 Motor Tax Department
40 Control of Dangerous Drugs

INFECTIOUS DISEASES

41 General
43 Sexually Transmitted Diseases
45 Notification of Infectious Diseases 1967 - 1987

ENVIRONMENTAL HEALTH

46 General
51 Housing
52 ALDERNEY Annual Report

MORTALITY STATISTICS

55 Analysis of Mortality Statistics
58 Classified Causes of Death
75 Non resident Deaths

MEMBERS OF THE BOARD OF HEALTH

Conseiller J.R.R. Henry Esq, President

Deputy Rev. A.W. Ingrouille, Vice President

Deputy Mrs B.E. Nicolle

Deputy R.E. Dorey

Deputy P. Roffey

Deputy Mrs S. Plant

Mr. G.F. Birch Esq

Dr. S. Heyworth
M.B.,B.S.,D.Obst.,R.C.O.G., (to 30th April 1987)

Dr. M. Chamberlain
M.B.,ChB.,M.R.C.P.,D.R.C.O.G., (from 1st May 1987)

Dr. F. Degnen M.R.C.P.

INTRODUCTORY LETTER TO THE BOARD OF HEALTH

Mr. President, Ladies and Gentlemen,

Guernsey, like most of the Western world and more specifically, like the mainland, has to come to terms with the fact that resources for health care are finite, while demand is infinite. Public expectation (of the highest standard of medical care for all) is outstripping the ability to meet these demands. In my view it is not so much a lack of money, but the great difficulty in housing staff, together with the very much stricter control of recruitment of new staff, in order to limit the Island's population, which is acting as the brake.

From the medical point of view two solutions would possibly reduce the strain on current resources. Firstly objectives have to be more precisely defined, which involves discussing priorities and deciding what cannot be done. More thought must be given to deploying existing staff in new directions to meet these objectives. Secondly, we need public confidence that prevention really is better than cure, both economically as well as improving the well being of the individual.

In the past this belief has been limited to controlling infectious diseases. Today it deserves wider application but the selection of effective preventive measures is no easy task. Planning worthwhile prevention is the principal concern of the Community Health Department of the Board of Health, led by the Medical Officer of Health. It may be helpful to define this leadership role in the terms used in a recent leader in the British Medical Journal:

> " A vast array of professionals and others outside as well as within the health services are concerned with public health, and real leadership should mean ensuring that all these people work towards understood and shared goals. Power and skill need to be devolved to others so that they perform at their best while everything is held together as they do so. Such leadership relies on the power that comes from garnering information (with the ears as well as from the computer terminal) and using it to analyse and persuade. It relies on understanding and influencing those who wield executive, political or professional power, working alongside them, recognising or re-negotiating their domaines, and breaking down barriers of mutual suspicion. It will rely too on keeping a clear vision of what remains to be achieved."

It is vital to recognise that preventive medicine involves many departments of the States and not just the Board of Health. A comprehensive plan for prevention is being prepared for the Board to discuss in 1989.

There has been considerable progress in improving the professional medical input in planning following the setting up of the Medical Advisory Committee by the Board of Health, as recommended in Sir Douglas Blacks' report on the arrangements for health care in Guernsey.

The Medical Officer of Health is a member of this committee, which has met regularly, and is slowly establishing its importance as a single, authoritative avenue for advising the Board on professional, medical aspects of the provision of health care. To work effectively, the Committee needs better information about morbidity in the Island. Proposals for collection of the statistics that are required are being worked out. The Annual Report of the Community Health Department is packed with factual information about deaths, but contains relatively little about the quantity and nature of sickness and disability and the absence of well being. There is a real and urgent need to catalogue the Island's morbidity more accurately if sensible plans for prevention are to be prepared, and more important,evaluated. Guernsey is in some ways unfortunate in that the Islands' health is neither so bad that crisis measures have to be adopted, nor so good that no worthwhile improvement is possible - but we need better ways of measuring how far we are below the optimum.

A special difficulty is the lack of good evidence about the importance of the cost to the individual as a deterrant to seeking health care. The Peat Marwick Report on the Funding of Health Care may not have provided the answer, but at least it has stimulated discussion.

Health care is costly and all are agreed that it is wrong to put heavy financial burdens on the sick. However, whether the individual should pay his bill at the time, or through some form of insurance, remains for debate. Peat Marwick have estimated that currently 55% of the population have some form of private insurance while 42% pay at the time and 3% receive help from the States Insurance Authority. It is hoped that changes in this balance will help to reduce the financial barrier to seeking health care when it is needed. This is a complex, highly political matter, with many options that need discussion.

The commonest causes of death in the Western world today are degenerative heart disease and cancer. Guernsey, like the mainland, is close to the wrong end of the European league table for excessive early deaths from these conditions. There is a vast amount that needs doing to change individual life styles so that the coronary risk factors are reduced. The charts on pages 56 and 57 show the extent of premature, preventable, and tragic deaths that occurred in 1987, but these are end points - very many more people suffer from a tremendous amount of disability from these disease processes before they reach the terminal stage.

At long last the Board of Health has given priority to the proposal that a Health Promotion Unit could provide a way of reducing this toll of morbidity and mortality. Towards the end of the year applicants were interviewed and a Health Promotion Officer was appointed, to start work in 1988.

The first task of this new department will be to sell itself as a successful enterprise. Having visited Cardiff in July to study the Welsh Heart programme, which has rapidly established an international reputation as a model for effective prevention, I am convinced that this is a model Guernsey would be well advised to adopt. A change of lifestyle must come from each individuals' wish to change as a result of new knowledge, through their own positive actions, rather than being imposed upon them by an authoritarian State.

The problem of AIDS has overshadowed all other infectious diseases. It can be said without any doubt whatsoever that if the present educational efforts fail to persuade those indulging in risky behaviour to change their ways (either sexually or in misusing drugs) then the Island will have a decade or more of increasingly serious, costly and distressing illness to cope with. Some of the measures already taken to try and prevent the progress of HIV infection are detailed on page 42. If any individual in the Island still does not know what HIV stands for, and what the infection means, they are in grave danger of jeopardising their health.

Guernsey may have the strength of political stability, but we have a very mobile population which cannot avoid contact with the outside world, and its health hazards. There were over one million passenger movements in and out of the Island in 1987, and on average one in ten families with children move more permanently in or out of the Island each year. Isolation is no longer a practical possibility.

There have been important and successful changes in the field of Community Nursing. The District Nurse Training scheme started in Jersey, attended by 4 Guernsey nurses; a Home Carer service to support the elderly infirm has been set up, and the increasing use of community nurses and teams with specialised skills, such as in terminal care, stoma care and the management of incontinence, have progressed. On the other hand, the concept of nurses working in primary care teams is progressing more slowly: Health Visitors are aligned to practices but the work of most Community Nurses is still confined to geographical limits. It is hoped that the full attachment of nurses to practices is within reach in the near future.

The work of the Environmental Health Department remains as varied as ever in its efforts to maintain a sound environmental basis for healthy living. After considerable debate, the States have accepted the need for higher standards and effective monitoring to reduce the hazards of the work place, by approving a new Health & Safety at Work Ordinance. The next step is to make sure that the Environmental Health Officers, who have the qualifications and the experience, can apply the law in the premises they visit. A logical solution would be to make Environmental Health Officers authorised Inspectors for this purpose. Perhaps the years' most unusual task was to ensure that there were no risks to health during the removal of 2,650 bodies from the Strangers Cemetery in Upland Road and their reinterment in the Foulon cemetery. This expensive task was carried out with due respect for the dead and without danger to the public.

At the end of the year Dr Struan Robertson gave up his part-time appointment as Assistant Medical Officer of Health in Alderney. We are very grateful for his detailed and conscientious work in this field, and for his interest in public health matters. The Chief Environmental Health Officer in Guernsey provides a regular service for Alderney through the frequent routine visits of Environmental Health Officers to that Island. These will continue and Guernsey's Medical Officer of Health is readily available to give medical advice about environmental problems as required.

Once more I should like to record my thanks to all staff who are part of the Community Health Team, for their continuing support in the prevention of disease and the promotion of health.

Yours faithfully

E. P.LAWRENCE,
Consultant Community Physician(MOH)

HISTORICAL BACKGROUND

The administrative area is in the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas.

The Community Health Department functions as a responsibility of the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and carrying out resolutions made by the States, to whom it is responsible This independence from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self government since William, Duke of Normandy, gained the English Crown are sufficient proof of this.

Population problems are not new in Guernsey.

(From the 1912 Annual Report of the MOH, Dr Draper Bishop,(MOH 1902-1934).)

Popular opinion over-estimates the number of emigrants leaving here: but one thing is certain and this is, that they are a desirable class and it is a matter for regret that the prospects of life in newer countries should cause them to leave Guernsey.

As there is but little unemployment here, it is a fair inference that their places are filled almost entirely by an influx of aliens.

This is a very important matter for our community, and in connection with it I will quote extracts from my former reports.

> 1905.- "That the cultured and wealthy foreigners are increasing in numbers and landed property is self evident, and special laws have been framed to deal with them.
>
> If Great Britain, where the total alien population is insignificant compared with ours, has framed special laws to lessen this alien influx, surely Guernsey, where the need is so much greater, should take some steps to cope with this evil and prevent such persons from landing here."

"Prevention is better than cure" is the maxim of the Board of Health, and in this matter particularly it should be also that of the Island generally".

COMMUNITY HEALTH DEPARTMENT : STAFF.

The Community Health Department consists of independent but interdependent sections, managed by a team consisting of the Consultant Community Physician(Medical Officer of Health), the Director of Community Nursing, the Chief Environmental Health Officer and the Administrator, Community Services.

MEDICAL STAFF

Consultant Community Physician / Medical Officer of Health
Senior Clinical Medical Officer
Part-time Assistant Medical Officer of Health, Alderney
4 Part-time sessional doctors working in Occupational Health, Child Health and Venereology services.

NURSING STAFF

Director of Community Nursing
Nursing establishment in whole time equivalents:-

Health Visitors	9.6
Community Nursing Sisters	11.5
Staff Nurses	10.7
Enrolled Nurses	7.3
School Nurses	2.6
Nursing Auxiliaries	5.7

Alderney

Health Visitor / Community Nurse	1.5

ENVIRONMENTAL HEALTH STAFF

Chief Environmental Health Officer

Deputy Chief Environmental Health Officer

4 Environmental Health Officers

2 Rodent Operatives

CLERICAL AND ADMINISTRATIVE STAFF

Administrator (Community Services) *

Executive Assistant to Consultant Community Physician

Office Manager

Clerks, typist - 5 whole time equivalents

* This is not a whole time post.

COMMUNITY HEALTH DEPARTMENT - FINANCE 1987

(The figures for 1986 are shown in brackets)

			1987 £	1986 £
Analyst's Fees			(193) CR	(383CR)
Cleaning, Fuel, Light, Water and Rents			7336	(6846)
Home Dialysis			19363	(30642)
Infectious Diseases: Notifications, Vaccinations etc.				
Doctors' Fees			8432	(8569)
Drugs, Vaccines, etc	10432	(8609)		
Less Recoveries	4927		5505	(5553)
Office Equipment and Furniture			10021	(14476)
Postage, Stationery and Telephones			13943	(10402)
Rodent and Pest Materials			2252	(4115)
Salaries and Wages			778054	(631829)
Superannuation			64767	(53401)
Special Treatment Clinic.			4713	(10714)
Uniforms			1839	(2183)
Upkeep and Repair of Building			44130	(4418)
Travelling Expenses			73467	(67140)
Welfare Foods	5908	(5032)		
Less recoveries	5546		362	(144)
Other Expenses			8378	(3820)
			£1042369	(£853,869)
Less Recoveries from Education Council			75360	(64,500)
			£967009	(£789,369)

Table 1:1

VITAL STATISTICS - 1987 - GUERNSEY

	1987	1986
Estimated mid year resident population	55,482	55,482
Population density per acre (area 16,063 acres)	3.45	3.45
Population density per hectare (6,500 hectares)	8.54	8.54
Live births	644	671
Live birth rate per 1,000 population	11.6	12.1
Illegitimate births	118	96
Illegitimate birth rate per 1,000 live births	182.9	143.0
Stillbirths	4	4
Stillbirth rate per 1,000 total births (live and still)	6.2	5.9
Marriages	447	464
Marriage rate - persons marrying per 1,000 population	15.9	16.7
Divorces	153	192
Divorce rate - persons divorcing per 1,000 population	5.5	6.9
Deaths	577	614
Death rate per 1,000 population	10.4	11.1
Corrected death rate (comparability factor 0.91)	9.5	10.1
Infant deaths - in first year of life	4	2
Infant death rate per 1,000 live births	6.2	3.0
Neonatal deaths - in first four weeks of life	3	1
Neonatal mortality rate per 1,000 live births	4.7	1.5
Early neonatal deaths - in first week of life	2	1
Early neonatal mortality rate per 1,000 live births	3.0	1.5
Perinatal deaths - stillbirths and early neonatal deaths	6	5
Perinatal mortality rate per 1,000 total births (live and still)	9.3	7.4
Maternal deaths	0	0
Deaths from cancer, all forms	133	162
Cancer mortality rate per 1,000 population	2.4	2.8
Cancer of trachea, bronchus and lung (ICD 162)	27	40
Lung cancer mortality rate per million population	486	721
Lung cancer deaths per 100 deaths from all cancer	20.3	24.7
Deaths due to tuberculosis, all forms	0	1

(These figures are for the Island of Guernsey only)

Table 1:2

Comparison of Selected Vital Statistics

	GUERNSEY					England & Wales. Provisional figures. 1987
	1987		Rates: 5 year range 1982-1986			
	No.	Rate	Mean of 5 years	Highest in 5 years	Lowest in 5 years	
Estimated mid-year resident population	55,482	-	-	-	-	50,243,000
Live births (rate per 1,000 population)	644	11.6	11.8	12.4	11.1	13.6
Stillbirths (rate per 1,000 total births live & still)	4	6.2	6.6	10.8	5.0	5.0
Illegitimate live births (rate per 1,000 live births)	118	182.9	150.2	163.6	140.9	232
Marriages (rate, persons marrying per 1,000 population)	447	15.9	15.1	16.7	13.7	14.7
Deaths: resident population (rate per 1,000 population)	577	10.4	10.9	12.4	9.3	11.3
Deaths from cancer, all forms (rate per 1,000 population)	133	2.4	2.9	3.2	2.7	2.8
Lung cancer deaths (rate per 100 cancer deaths, all forms)	27	20.3	27.0	30.3	24.5	24.7
Infant deaths, (rate per 1,000 live births)	4	6.2	7.4	10.2	3.0	9.2
Neonatal deaths (rate per 1,000 live births)	3	4.7	5.5	8.5	1.5	5.1
Early neonatal deaths (rate per 1,000 live births)	2	3.0	3.9	6.7	1.5	3.9
Perinatal deaths (rate per 1,000 total births - live and still)	6	9.3	10.4	15.4	7.4	8.9
Maternal deaths (rate per 1,000 total births - live and still)	0	0	0	0	0	0
Deaths due to tuberculosis, all forms- (rate per 1,000 population)	0	0	0	.02	0	0.009

Table 1:3

GUERNSEY

Population, Live Births and Live Birth Rate, Deaths, Crude Death Rate

Infant Deaths and Infant Death Rates, 1961-1987 inclusive

Year	Resident Population +	Live Births	Birth Rate	Deaths	Crude Death Rate*	Infant Deaths	Infant Death Rate #
1961	44,012	757	17.2	569	12.9	16	21.1
1962	44,705	797	17.8	569	12.7	15	18.8
1963	45.395	842	18.6	542	11.9	24	28.5
1964	46.085	891	19.3	540	11.7	19	21.3
1965	46.775	816	17.5	568	12.1	16	19.6
1966	47,465	780	16.4	564	11.9	13	16.7
1967	48,160	741	15.4	546	11.3	21	28.3
1968	48,840	752	15.4	656	13.4	16	21.3
1969	49,540	830	16.8	643	13.0	14	16.9
1970	50,230	794	15.8	616	12.3	13	16.4
1971	50,921	768	15.1	646	12.7	10	13.0
1972	51,465	790	15.4	576	11.2	14	17.7
1973	52,005	653	12.6	595	11.4	12	18.4
1974	52,550	679	12.9	610	11.6	9	13.3
1975	53,095	611	11.5	634	11.9	9	14.7
1976	53,637	623	11.6	606	11.3	9	14.5
1977	54,270	587	10.8	617	11.4	5	8.5
1978	54,320	582	10.7	567	10.4	9	15.5
1979	54,570	646	11.8	601	11.0	8	12.4
1980	53,390	622	11.7	571	10.7	8	12.9
1981	53,313	619	11.6	595	11.2	11	17.8
1982	53,300	589	11.1	630	11.8	6	10.2
1983	53,300	660	12.4	661	12.4	5	7.6
1984	53,300	596	11.2	581	10.7	6	10.1
1985	53,300	642	12.0	608	11.4	4	6.2
1986	55,482	671	12.1	614	11.1	2	3.0
1987	55,482	644	11.6	577	10.4	4	6.2

+ Estimated mid-year population * Rates per 1000 population # Infant death rate per 1000 live births

Table 1:4

POPULATION ESTIMATES - 1961 - 1987

GUERNSEY (Including Herm and Jethou)

Estimated populations are based on the information available from previous censuses taken together. The working has been explained in the MOH's Annual Reports for 1978 and 1979, to which reference should be made for detail.

YEAR	POPULATION	MALE	FEMALE	BIRTHS	DEATHS	NATURAL INCREASE
1961 C	44,012	21,172	22,840	757	569	188
1962	44,705	21,505	23,200	797	569	228
1963	43,395	21,835	23,500	842	542	300
1964	46,085	22,165	22,165	891	540	351
1965	46,775	22,500	24,275	861	568	248
1966	47,465	22,830	24,635	780	564	216
1967	48,160	23,165	24,995	741	546	195
1968	48,840	23,490	25,350	752	656	96
1969	49,540	23,830	25,710	830	643	187
1970	50,230	24,160	26,070	794	616	178
1971 C	50,921	24,493	26,428	766	646	120
1972	51,465	24,755	26,710	790	576	214
1973	52,005	25,040	26,965	652	595	57
1974	52,550	25,330	27,220	679	610	69
1975	53,095	25,620	27,475	611	634	-23
1976 C	53,637	25,909	27,728	623	606	17
1977	54,270	26,210	28,060	587	617	-30
1978	54,320	26,235	28,085	582	567	15
1979	54,570	26,357	28,213	646	601	45
1980	53,390	25,740	27,650	622	571	51
1981 C	53,313	25,701	27,612	619	595	27
1982	53,300	25,720	27,580	589	630	-41
1983	53,300 *	25,720	27,580	660	661	-1
1984	53,300 *	25,720	27,580	596	581	15
1985	53,300 *	25,720	27,580	642	608	34
1986 C	55,482	26,859	28,623	671	614	57
1987	55,482	26,859	28,623	644	577	67

C Census Year

* No recalculation has been made for 1983 - 1985 because of the small difference between births and deaths in these latter years.
The effect of immigration is a much more elusive factor to quantify and is not shown.

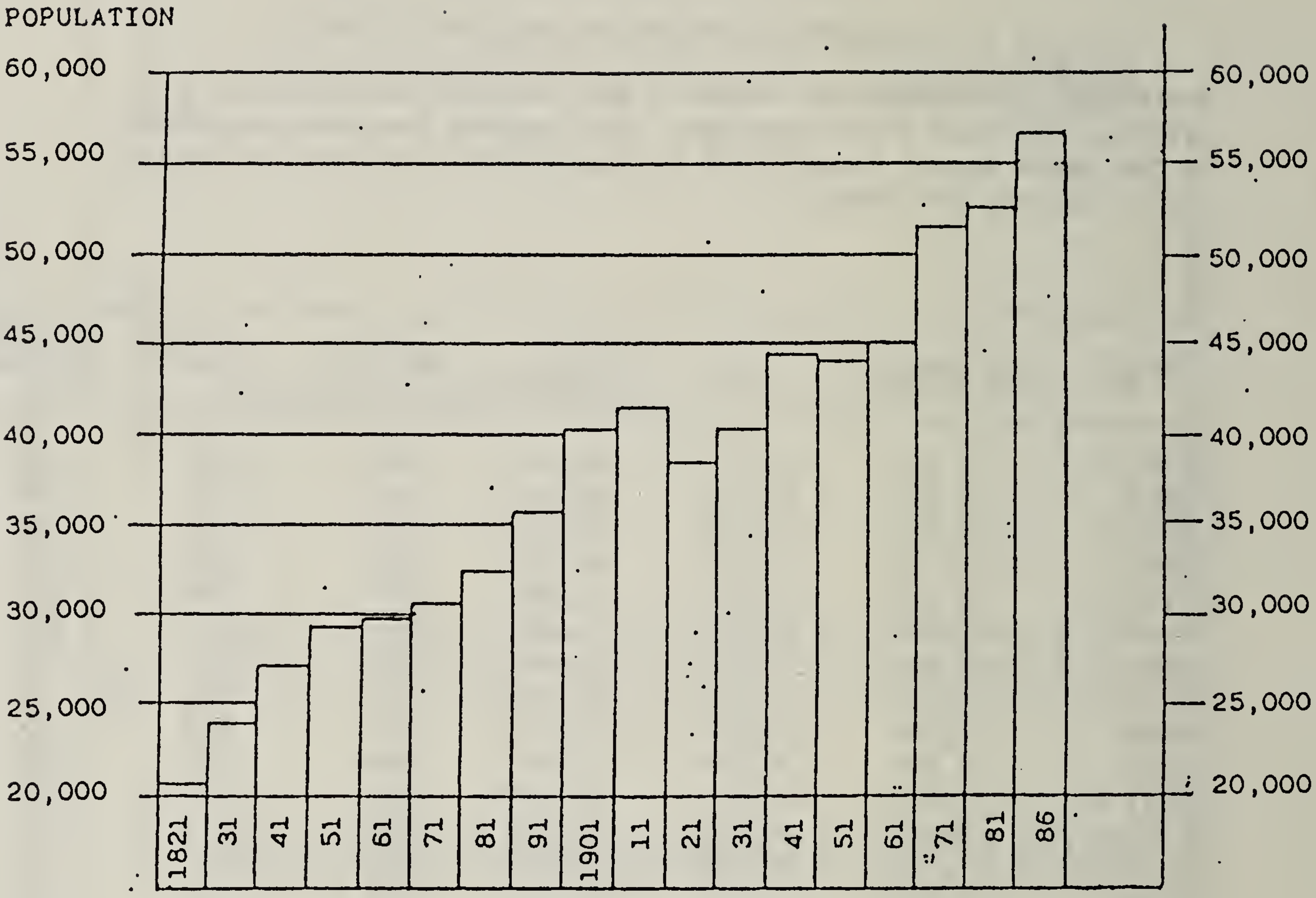

Fig 1:5

CENSUS POPULATIONS 1821 to 1986

GUERNSEY		ALDERNEY	SARK	HERM	JETHOU	BAILIWICK	
1821	20,302	1,154	488	28	9	21,981	
1861	29,804	4,932	583	41	5	35,365	
1911	41,823	2,561	579	33	2	44,998	
1961	44,968	1,472	561	90	8	47,099	
1971	51,351	1,686	590	96	11	53,734	
1981	53,268	2,086	N/K	37	8	56,000	(Est)
1986	55,482	2,130	N/K	59	2	58,200	(Est)

Table 1:6

Table 1:7

GUERNSEY : SOME COMPARISONS OF AVERAGE AGE AT DEATH

	1974	1979	1983	1984	1985	1986	1987
FEMALE DEATHS							
Guernsey	76.9	76.3	78.4	77.1	76.6	76.9	77.4
Jersey (mid 5 year average)	75	76	76	75	76	75	75
U.K.	74	75	75.2	75.5	75	77.7	
MALE DEATHS							
Guernsey	66.3	68.9	71.5	71.1	71.5	71.6	71.5
Jersey (mid 5 year average)	68	68	70	71	70	69	70
U.K.	67.7	68.8	69.6	69.5	73.3	71.8	
DIFFERENCE BETWEEN MALES AND FEMALES, IN YEARS							
Guernsey	10.6	7.4	6.9	6	5.1	5.3	5.9
Jersey	7	8	6	4	6	6	5
U.K.	6.3	6.2	5.6	6	1.7	5.9	

PREVENTIVE CHILD HEALTH

The aim of this service is to promote the health of children and to minimise disability, in the belief that a healthy child has a better chance of growing into a healthy adult.

Four main approaches are used - Systematic screening for abnormalities, education about healthy living, advice on how best to use the health services and protection from specific illnesses by immunisation.

Success depends on good team work, involving family doctors, health visitors, school nurses and the Senior Clinical Medical Officer, working in collaboration with parents.

The agreed schedule of procedures is given below to indicate how different members of the team work together. The preventive programme is carried out in the home, in surgeries, in Child Health clinics, at Lukis House and in schools.

Screening: It is now generally accepted that most physical abnormalities are detected in the first year of life. Thereafter, the important points to watch are the development of walking and speech, and of the special senses of sight and hearing. Regular reviews of sight and hearing are the two most valuable screening measures needed after infancy. If the child is competently examined before the age of one year, little is to be gained by further full physical checks at frequent intervals. It is nevertheless vital that the service should respond promptly to an invitation to check a child whose development or behaviour does not seem normal. This combination of careful assessment in the first year of life, some routine screening thereafter, and response to referrals at any age is the current basic pattern of child health services.

Prevention Programme: Pre-school

Ante natal care: Health Education and surveillance during the ante natal period is shared between Health Visitors, Midwives and doctors.

The Perinatal Period: Health Visitors take over their duties from the Midwives when a baby is 10 days old; they visit the mother, giving support and advice and encourage attendance at Child Health Clinics for screening and at doctor's surgeries for immunisation.
The family doctor carries out a physical examination of the new born infant as part of routine perinatal care.

Six weeks:	This should be followed up with a second examination by a doctor at about six weeks of age. Health Visitors carry out periodic development checks throughout infancy as part of their surveillance during continued contacts with the family.
3 - 9 months:	Routine primary immunisation against diphtheria, tetanus, whooping cough and polio should consist of three spaced doses of the vaccine at about 3, 5 and 9 months of age.
8 months:	Health Visitors carry out a developmental check on all babies at Lukis House. Hearing is tested by the distraction method. If progress is in doubt, the baby is referred to the Senior Clinical Medical Officer for an opinion. Health Visitors repeat developmental assessments in the home during the second year of life.
13 months:	Vaccination against measles by the family doctor is strongly recommended.
3 years:	Health Visitors carry out a developmental check including hearing and visual acuity and again refer problems to the Senior Clinical Medical Officer. The immune status is reviewed; parents are encouraged to finish incomplete programmes and in particular to accept vaccination against measles, if this has not been done. Parents are also encouraged to take their child to a Dentist for routine surveillance if they have not yet done so.
At School:	
4 - 5 years:	At school entry, every child has a routine physical examination by the school doctor; the sight and hearing are tested. A skin test for tuberculosis is carried out by the school nurse, who also checks height and weight. Immunisation is reviewed with encouragement to accept boosters against diphtheria, tetanus and polio from the family doctor.
7 years:	The sight of all seven year olds is checked.
10 years:	Hearing and vision, including colour vision, is tested. A tuberculin skin test is carried out and negative reactors are vaccinated against TB. The school nurse checks height and weight.
11 years:	Girls are vaccinated against German Measles.
13 years:	Vision screening is carried out.

15 years: Each individuals state of health is reviewed and those requiring physical examination are seen by the school doctor. Sight and hearing are checked. The school nurse checks height and weight. Girls who have missed Rubella vaccination are encouraged to have this done.

Health Visitors, school nurses and school doctors accept referrals from teachers or parents of any child of any age where there is concern about health or development. The action taken includes investigation of the problem, liaison with other professionals and in particular the family doctor, or referral for specialist help, as appropriate.

IMMUNISATION:

The routine immunisation of children against diphtheria started in 1938, when it was made compulsory in Guernsey. It is salutory to remember that in the years 1921-25 there were 967 cases of diphtheria recorded in the Island. Vaccination lapsed during the war years to be resumed in 1945.

Vaccination against tetanus was introduced in the fifties and against whooping cough in the sixties.

The use of Salk Polio vaccine was introduced in 1957 followed by the use of live oral vaccine (Sabin) in 1964.

Measles vaccine, although available from 1969 onwards, was not widely accepted in Guernsey until 1982.

Rubella vaccine for girls was used from 1972 onwards.

Vaccination against infectious diseases is thus seen to have a long history in Guernsey, with the result that many of these diseases are now rareties. They will only remain rare provided the acceptance of routine childhood vaccination continues at a high level.

INFANT IMMUNISATION - GUERNSEY

The number of infants eligible for immunisation (at risk from the disease) for each year of the table is arrived at by deducting infant deaths and emigrants from births in that year and adding immigrant infants still requiring immunisation. "Protected" children are those who have had a complete primary course of immunisations.

Table 2:1

Year	Infant Population at risk by year of birth	PROTECTED AGAINST							
		Diphtheria and Tetanus		Whooping Cough		Polio		Measles	
		No	%	No	%	No	%	No	%
1979	633	616	97.3	348	55.0	-	-	-	-
1980	575	563	98.9	322	56.0	-	-	-	-
1981	590	548	92.9	378	64.0	400	67.8	56	9.5
1982	592	442	80.7	401	73.1	378	58.6	162	23.9
1983	660	531	81.1	465	70.5	403	61.1	240	36.4
1984	609	528	86.7	468	76.8	436	71.6	308	50.6
1985	632	464	73.4	421	66.6	426	67.4	317	50.1
1986	661	591	89.4	543	82.1	594	89.9	396	59.9
1987	651	241*	37.0	225*	34.6	206*	31.6	14*	2.2
1987	UK Average		84%		71%		84%		76%

* These figures are incomplete. Infants born in the last quarter of 1987 are only just commencing immunisation by the year's end.

The figures support the view that a reasonably high proportion of infants are being protected against these five diseases, though improvement is both possible and particularly necessary with respect to Whooping Cough and Measles.

The number of children protected against Whooping Cough are those who have had 3 doses of Triple Vaccine (DT Per/Vac).

Those protected against Diphtheria and Tetanus have either had a total of 3 doses of Triple Vaccine or Diph/Tet Vaccine...

Table 2:2

IMMUNISATIONS GIVEN BY THE COMMUNITY HEALTH DEPARTMENT.

	1987	1986
B.C.G.	568	531
Rubella	292	335
Rabies	-	30
	860	896

In Guernsey, infant immunisation is given by the family doctors and paid for by the Board of Health.

B.C.G. and Rubella is administerd through the School Medical Services and the detailed breakdown of statistics is given in the Annual Report of the School Medical Officer for each academic year (not calendar).

Rubella vaccination started in 1972 and on average 95% of 11 year old girls are vaccinated each year. The last recorded case of deafness due to rubella in Guernsey occurred in 1976.

B.C.G. vaccination started as a routine procedure in Guernsey in 1956 and the uptake has been over 95% for very many years.

Rabies immunisation is offered only to volunteers among Customs Officers and certain Harbour staff. Two doses of vaccine are given a month apart with a third dose a year later, followed by boosters every 3 years.

Travellers are encouraged to arrange their own protective immunisation with their own doctor, but advice about individual requirements is available from Lukis House.

BIRTHS IN 1987 AND DEATHS IN THE FIRST YEAR OF LIFE.

There were 644 live births in 1987 and 4 stillbirths.

There were 4 deaths of infants under a year old, 3 of which occurred in the first four weeks of life (neonatal deaths); two were early neonatal deaths, in the first week.

Perinatal deaths are those deaths occurring before parturition and within one week afterwards, that is to say stillbirths and early neonatal deaths. There were 6 perinatal deaths in 1987, giving a perinatal death rate of 9.3 per 1000 total births (live & still). These statistics compare favourably with those in England & Wales, and are about half the figures of ten years ago.

Statistics relating to births and infant deaths since 1930 are shown in Table 2:7. It must be remembered that when the number of deaths in a year reaches a very low figure, the death rates calculated from these figures may fluctuate widely from year to year. The neonatal death rate for example, has fluctuated from 1.5 to 11.3 in the last 10 years, but does not indicate a dramatic deterioration or improvement of services from one year to the next. Five year averages are a better indication of trends.

The proportion of small babies born decreased from 6.1% to 4.6% of all births, but the number of teenage pregnancies has remained the same: both are important factors affecting infant mortality.

The figures taken as a whole, are however a remarkable indication of the improvement in obstetric and perinatal care that has taken place over the past half century, and of the maintenance of a high standard of care.

It is salutory to remember that just over 50 years ago, in 1933, there were 9 maternal deaths, 30 stillbirths and 56 deaths of infants under 1 year of age, for a population three quarters of the present figure. The infant death rate was twenty six times greater than today.

Table: 2:3

COMPARISON OF INFANT DEATH RATES.

	5 YEAR AVERAGES					
	1960 – 64	1965 – 69	1970 – 74	1975 – 79	1980 – 84	1987
Infant death rate	20.6	20.5	15.5	13.1	11.7	6.2
Neonatal death rate	14.4	14.8	11.1	8.4	8.5	4.7
Perinatal death rate	N/A	27.9	21.7	17.1	11.6	9.3

Table 2:4

TOTAL LIVE BIRTHS (BY AGE OF MOTHER)

AGE GROUP	MALE	FEMALE	TOTAL	%
15 -19	19	23	42	6.5
20 -24	85	63	148	23.0
25 -29	109	111	220	34.2
30 -34	84	81	165	25.6
35 +	30	39	69	10.7
	327	317	644	100 %

Table 2:5

ILLEGITIMATE LIVE BIRTHS (BY AGE OF MOTHER).

	MALE	FEMALE	TOTAL	%
15 -19	16	17	33	28.0
20 -24	34	19	53	44.9
25 -29	8	5	13	11.0
30 -34	6	5	11	9.3
35 +	5	3	8	6.8
	69	49	118	100 %

Teenage Pregnancies

There were 42 teenage pregnancies (6.5% of all births), the same figure as last year. Of these, 78% resulted in the birth of an illegitimate infant.

Thus 33 infants were born with the risk factors of illegitimacy and a young inexperienced parent, often single.

Twins

There were 7 pairs of twins born in 1987, compared with one pair in 1986.

Footnote It should be noted that Guernsey birth statistics for 1986 did not include one set of triplets who were born to a Guernsey mother outside the Island.

Table 2:6

LIVE BIRTHS CLASSIFIED BY BIRTH WEIGHT - LEGITIMATE & ILLEGITIMATE - 1987

BIRTH WEIGHT GRAMMES	BABIES LEGITIMATE		BABIES ILLEGITIMATE	
	M	F	M	F
Under 501	-	-	-	-
501 - 1,000	-	-	-	-
1,001 - 1,500	3	1	-	1
1,501 - 2,000	2	3	-	-
2,001 - 2,500	7	10	1	2
2,501 - 3,000	45	63	18	9
3,001 - 3,500	100	121	25	18
3,501 - 4,000	77	57	20	16
4,001 - 4,500	21	10	5	2
4,501 - 5,000	2	3	-	1
Over 5,000	1	-	-	-
Totals :	258	268	69	49
Total Live Births	644			

4.6% of all infants born weighed less than 2.5 Kgm at birth (UK rate 6.9%)

Birth by Caesarian. Section occurred in just under 15% of deliveries.

Table 2:7

STATISTICS RELATING TO BIRTHS AND INFANT DEATHS - 1930 - 1987

Five Year Averages	Live Births	Birth Rate	Male Live Births	Female Live Births	Still Births		Infant Deaths		Neonatal Deaths		Early Neonatal Deaths		Perinatal Deaths		Maternal Deaths	
					No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1930-34	749	18.4	377	372	27	34.3	44	59		N/A		N/A	40	N/A		N/A
1935-39	787	18.4	408	379	31	38.7	41	51.3		N/A		N/A		N/A	3	3.2
1945-49	766	19.7	391	375	17	22.3	23	29.2		N/A		N/A		N/A	1	1.6
1950-54	734	16.6	369	365	13	17.9	18	24.2		N/A		N/A		N/A		N/A
1955-59	704	16.7	375	329	13	18.6	17	24.4		N/A		N/A		N/A		N/A
1960-64	811	17.9	412	399	14	17.3	17	20.6	13	14.4		N/A		N/A		Nil*
1965-69	785	17.2	400	385	11	14.6	16	20.5	13	14.8	11	13.7	22	27.9		Nil
1970-74	736	14.9	377	359	9	12.0	11	15.5	8	11.1	7	10.0	16	21.7		Nil*
1975-79	610	11.3	316	294	6	9.4	8	13.1	5	8.4	5	8.4	11	17.1		Nil
1980-84	617	11.6	325	292	4	6.2	6	11.7	5	8.5	3	5.2	7	11.6		Nil
Annual Figures																
1980	622	11.7	339	283	5	8.0	8	12.9	6	9.7	4	6.4	9	14.4		Nil
1981	619	11.6	335	284	5	8.0	11	17.8	7	11.3	4	6.5	9	14.4		Nil
1982	589	11.1	314	275	3	5.1	6	10.2	5	8.5	2	3.4	5	8.5		Nil
1983	660	12.5	337	323	4	6.1	5	7.6	4	6.1	2	3.0	6	9.0		Nil
1984	596	11.2	299	297	3	5.0	6	10.1	4	6.7	4	6.7	7	11.7		Nil
1985	642	12.0	338	304	7	10.8	4	6.2	3	4.7	3	4.7	10	15.4		Nil
1986	671	12.1	326	345	4	5.9	2	3.0	1	1.5	1	1.5	5	7.4		Nil
1987	644	11.6	327	317	4	6.2	4	6.2	3	4.7	2	3.0	6	9.3		Nil

Note: N/A = Figures not available
Five year average numbers to nearest whole number
* There was 1 maternal death in each of these 5 year periods

Table 2:8

CHILD HEALTH CLINICS - 1987

A total of 7147 children were seen at 362 clinics by Health Visitors.

		Number of children seen			
	Clinics held	Number aged 0 - 1	Average per clinic	Number aged 1 - 5	Average per clinic
Brock Road	22	109	5	85	4
Cobo	51	1085	21	826	16
Lukis House	49	1080	22	382	8
L'Islet	23	226	10	228	10
St Peter's	24	336	14	125	5
St Martin's	22	302	14	158	7
St Sampson's	23	236	10	181	8
Cobo Surgery	49	681	14	65	1
Grande Maison Road Surgery	25	265	11	49	2
Les Merriennes Surgery	47	459	10	50	1
Rohais Surgery	27	212	8	7	1
	362	4,991	14	2,156	6
Totals for 1986	261	5,109	20	1,880	7

Clinics started at Grande Maison Road Surgery in January 1987 on a fortnightly basis and at Rohais Surgery in June 1987 on a fortnightly basis. Four of the nine doctors' surgeries now hold child health clinics on the premises.

Table 2:9

ANNUAL STATISTICS FOR HEALTH VISITORS - 1987

			1987	1986
1)	Pre-school Visits:	(7429 visits)		
	Primary 0-1		638	634
	Primary 1-5		319	498
	Re-visits 0-1		3015	4177
	Re-visits 1-5		3457	3106
2)	School Children	(72 visits)		
	Home visits		56	89
	School visits		6	10
3)	Visits to:	(1517 visits)		
	Families with problems		566	795
	The Elderly		536	671
	Physically Handicapped		52	36
	Mentally Ill		9	5
	Ante-natal		130	137
	Hospitals		52	50
	Nursing Homes		-	2
	Playgroups		23	55
	Children's Ward Liaison		115	134
	Miscellaneous		34	189
4)	Infectious Diseases:			
	B.C.G. Programme:	(20 visits)		
	M.P.T		4	6
	B.C.G		6	8
	Home visits		12	3
5)	Unsuccessful Visits:	(no access)	883	1155
6)	Clinics:	(1051 sessions)		
	Maternity Bookings		140	274
	Developmental screening		439	413
	Child welfare		453	338
	Auditory Training		19	-

Table 2:9 (contd)

		1987	1986
7)	Health Education (223 sessions)		
	Schools	3	28
	Groups	18	26
	Preparation sessions	5	24
	Parentcraft	10	22
	Post-natal	186	237
	Film evening	1	102
8)	Meetings with: (666 sessions)		
	Medical Officer of Health	16	13
	School Medical Officer	11	16
	Health Visitors	136	234
	Group Practices	179	222
	Community Nurses	54	7
	Case Conferences	116	181
	Other	154	169
9)	Miscellaneous: (486 sessions)		
	Clerical	214	241
	Interviews at Lukis House	62	43
	Evening and weekend visits	30	40
	Pupil Nurse Training	6	22
	Other work	174	-

HEALTH PROMOTION

The prevention of illness relies heavily on health promotion. This includes all the structural, educational, environmental, legislative and economic processes which are conducive to good health. In short, it aims to make healthy choices easy choices, but at the end of the day, it is largely the individuals' choosing as to whether or not a healthy life style is followed. A Health Promotion Service must try to coordinate action and to act as a catalyst and enabler : it is not a unit that dispenses treatment in the form of health education, but rather it should be concerned to get across the message that a healthy life style is attainable, that it depends on each individual person deciding to make a change for the better, and then converting that intention into reality by making the new life style an automatic habit rather than a conscious effort.

By the end of the year there was light at the end of the tunnel..- a Health Promotion Officer had been interviewed and appointed, to start work in February 1988. In the meantime the indicators of need for prevention continue to show how vital it is : another 74 individuals died at a prematurely early age (before retirement) from cancer and heart disease, and nearly 40% of the deaths in 1987 occurred before the age of 75 - a not unduly high target for a reasonable life span.

It is not only the deaths that point to the need for change :: another 200 adolescents addicted to smoking (and thus with a 20 fold increased chance of lung cancer) left school, while 227 individuals were convicted for drunken driving during the year.

-----------"-----------

FAMILY PLANNING

The Guernsey Family Planning Association continued to provide a service which meets a very real need. Clinics are held on Wednesday evenings, at Lukis House.

The clinic is available to the public both directly (for those unwilling intially to consult their own doctor) as well as to individuals referred by their doctor or Health Visitor.

There were 147 new registrations at the clinic, and a total of 840 attendances.

NON-ACCIDENTAL INJURY TO CHILDREN

The Guernsey Child Abuse Committee, consisting of the Medical Officer of Health, the Senior Clinical Medical Officer, a Chief Inspector of Police, the Chief Inspector of the NSPCC, the Director of Community Nursing, the Deputy Director of Education and chaired by the Children Officer, met regularly to review procedures. The guidelines for professional staff were revised and updated.

During the year 70 allegations of abuse were investigated (six a month on average) and substantiated in nearly a quarter - 17 cases. The sexual abuse of children is increasingly recognised as a substantial problem.

It has become very obvious that the effective prevention of child abuse involves a considerable amount of staff time and stress. In many of the 53 cases that were not substantiated, doubt and concern about what is actually happening continues and in some ways the unresolved anxiety is more stressful than when a case is proven and remedial action has been taken.

The Children Board have developed a specialised service to deal with these difficult problems.

COMMUNITY NURSING SERVICE 1987

The beginning of the year was very busy due to the bad weather conditions.

All Community Nursing and Health Visiting staff were stretched to meet the needs of the Community

After a six month review of the carer service it was decided that they should be amalgamated with the home help service as each service could compliment the other. Also, it was thought to be more cost effective having one service, instead of running two, and easier for management of the service. Mrs. Jean Marquis, the home help supervisor, is now responsible for the carer service.

September 1987 saw the start of the first Inter-Island District Nurse Training Course with Jersey,

Training commenced at the Highlands College of Further Education in Jersey for the theory part of the course, and the practical training was done by two Field work teachers of Community District Nursing in Guernsey. The course lasts one academic year and is recognised by the English National Board. At the time of this report, the 4 students from Guernsey were progressing satisfactorily at College.

Training became mandatory in the United Kingdom in 1984, and in Guernsey in 1986, for nurses who wish to specialise in caring for people in their own homes.

Care of The Elderly Team

The team for the elderly consists of one team leader, two Nursing Sisters, and one part-time Health Visitor. The reports from these two services are enclosed.

Health Visiting Services

This service had a change of staff earlier in the year.

In October 1987 the Health Visitors were aligned to Surgeries, with the concept of working a Primary Care Model. This will improve the communication between different agencies, and the patient and doctors.

Mrs. B. Le Tocq, Health Visitor, was promoted in 1987 to Senior Nurse Manager, and will be responsible for the day to day management of the Health Visitors and School Nurses. This arrangement is working well.

I still visit Alderney once a month to see the Senior Sister and staff in the hospital, and community patients.

A Health Visitor from Guernsey holds a Child Health Clinic once a month on the Island along with a doctor. She then does domiciliary visits. Liaison with the doctors on the Island continues, and I have very good support from all concerned.

Home care services for the terminally ill has grown from strength to strength with the help from the General Practitioners.

Mary Jones, the first Home Care Sister, retired when her husband Dr.Buck Jones retired. They left the Island to take up residence in the United Kingdom to be near their family.

Other specialists in the Community Nursing Services are progressing well.

These being: Breast Feeding Counsellor
Continence Adviser
Ileostomy/Mastectomy Adviser
Varicose Ulcer Adviser

Post registration courses have been undertaken by the staff over the year, and many courses have been attended by the Community Nursing staff, at the School of Nursing.

Aims for 1988/1989

1. More nurses to be trained in District Nursing to qualify for the certificate in District Nursing.

2. Night Nursing Service (feasibility pilot scheme).

3. Secondment of a Registered Nurse/Midwife to train as a Health Visitor.

4. Extended role of Health Visitor in Practices with health surveillance and health promotion in mind.

Dorothy Jackson

Mrs. D Jackson,
Director of Communuty Nursing

Statistics for the Community Nursing Service

Table 3:1

VISITS	1983	1984	1985	1986	1987	% changes in 1987
General	49,872	49,468	47,647	51,174	53,370	+ 4.3
Visits to 65 & over	42,507	41,996	39,622	45,130	44,752	- 0.84
% of visits to 65 & over	85.2	84.9	83.1	88.2	83.9	- 4.3
Twilight nursing visits	9,020	8,300	9,250	9.146	11,960	+ 30.8
Total visits	58,892	57,768	56,897	60,320	65,330	+ 8.3

Table 3:2

PATIENTS	1983	1984	1985	1986	1987
New referrals	548	671	667	839	772
Existing patients	388	448	481	505	529
TOTALS :	936	1,119	1,148	1,344	1,291

GERIATRIC TEAM 1987.

Total visists 2,592

Number of patients on books, average monthly 54

Ward round and multidisciplinary team discussion on rehabilitation ward KEV11, each week on a Monday.

Ward rounds at Princess Elizabeth Hospital on Thursdays with multidisciplinary team, visiting patients referred by G.Ps to the Geriatric Services.

Liaison with all wards at the Princess Elizabeth Hospital.

From February 1988 all patients of 75 + discharged from the Princess Elizabeth Hospital have been visited at home; follow-up visits arranged and other service informed when necessary.

Liaison with Community Nurses and Geriatric Services to arrange admissions for day care holiday respite care, etc.

Visits to Day Care Centre to check progress of patients when necessary.

Table 3:3

SPECIALIST HEALTH VISITOR'S GERIATRIC CASE LOAD.

Geriatric case load by age:-

65 - 74	75 - 79	80 - 84	85 - 89	90 - 94	95+	Total
9	14	14	14	4	1	56

Informal Carers (relatives and neighbours) visited	23

Breakdown of case load

Handicapped other than by age	
Parkinson's disease	3
Severe deafness	4
Partially sighted	3
Arthritis	7
Stroke	2
Carcinoma	3
Cardio-vascular disease	6
Mentally confused	8
Social/housing problems	18
"At Risk" clients	6
Total:	60

Special Responsibilities

Weekly multidisciplinary meeting for assessment of patients in King Edward Vll Hospital and in community.

Weekly ward round with Geriatrician and other disciplines at PEH.

Weekly liaison with community nurses

Monthly liaison with social workers for the elderly

Health Education

Discussion groups with elderly clients at day centres.

THE ELDERLY

It is estimated that there are 8,807 individuals over 65 years of age living in Guernsey, of whom 3,818 are over 75. This latter group in particular are those who may require extra services from Community nurses amongst other professionals. Possibly half of those over retiring age and two thirds of the over 75's live alone.

The working party on services for the elderly has continued to meet regularly to coordinate the services which the Board of Health approved in 1985.

The Geriatric Liaison Team, including staff from the King Edward V11 Hospital and Community Services, is working successfully in providing comprehensive care for the elderly.

Residential Homes

There are 12 registered homes offering 207 places. These homes, which are registered by the Board of Health, are regularly inspected by an Environmental Health Officer and by a member of the nursing staff. Guidelines for applicants intending to operate a Residential Home, have been approved by the Board of Health.

Nursing Homes

There are 2 registered nursing homes, with a total of 36 beds. In addition one dual registered Residential Home has 4 places available for individuals requiring nursing care. These are registered by the Board of Health and inspected regularly.

TERMINAL CARE

The specialised community nursing component of services for the terminally ill started in 1984 and has continued to develop.

There were 118 new referrals during the year. On average 35 patients are attended each month, involving a total of 2725 visits during the year.

Two beds in the Princess Elizabeth Hospital are reserved for Hospice type care. Five syringe drivers are now in use as a means of providing continuous pain relief in the home as well as in hospital.

During 1987, 133 patients died from cancer, compared with 162 in 1986.

The Guernsey Society for Cancer Relief, set up towards the end of 1983, continued to play an active part in helping individuals in the Island, as did Combat Cancer and other voluntary agencies.

MEDICAL ADVICE TO STATES DEPARTMENTS.

Civil Service Board

The system of pre-employment assessment of fitness for employment by questionnaire continues with selective medical examinations when neccessary. Of 543 new entrants, 431 were assessed on the questionnaire alone, while 60 also required a medical examination and 52 required health interviews.

In addition 258 nursing staff were assessed, 244 by questionnaire and 14 by medical examination and health interview.

Recommendations for early retirement on medical grounds were submitted for 4 individual employees. In addition a change of job was recommended for 7 individuals.

States Water Board

In view of the steady increase over the years of the average level of nitrates in the water supply, the evidence regarding potential harmful effects is kept under review. There is no good evidence of any risk to health from the present levels in water in Guernsey. The current EEC limit may be unnecessarily restrictive.

Motor Tax Department.

There were 43 consultations regarding medical aspects of fitness to drive. However, the control of drunken driving remains the single most urgent and important factor in preventing death and injury from road accidents.

New legislation was introduced in December 1986 requiring blood alcohol levels to be measured if a driver appeared to be impaired due to drinking. As a result the number of convictions rose to 227 compared with 74 in 1986. These figures give some idea of the size of the problem of drunken driving in Guernsey.

Control of Dangerous Drugs

The import, export, production, supply and possession of certain powerful addictive drugs such as morphine and heroin, is controlled by law to prevent abuse and ensure they are used only for prescribed treatment.

The Medical Officer of Health on behalf of the Board of Health has a duty to inspect and sign import licences for Controlled Drugs.

Table 4:1

Misuse of Drugs Law 1974

Importation Licences for Controlled Drugs issued annually

1976	40	(from June 1st only)
1977	80	
1978	89	
1979	82	
1980	87	
1981	117	
1982	112	
1983	117	
1984	118	
1985	132	
1986	150	
1987	147	

The increase in 1981 was due to development by a local pharmaceutical manufacturing business to include preparations containing controlled drugs.

There are now 6 Pharmacists and 4 medical practices who apply for controlled drugs.

INFECTIOUS DISEASES

MEASLES

The inter-epidemic lull continued, with 8 cases being notified. This does not indicate a satisfactory position, but simply marks the accumulation of susceptible children because of the relatively low uptake of vaccination. However, the number of children vaccinated each year is increasing and with the proposed change to a combined measles, mumps & rubella vaccine in 1988 it is hoped to achieve the 90% cover necessary to change measles from a common cause of morbidity in childhood, into a rare, if not eradicated, disease.

WHOOPING COUGH

There were 27 sporadic cases. Provided a high level of vaccination is maintained, (currently 82%) the epidemic of 1982/83 could well be the last in the Island.

FOOD POISONING

There were no major outbreaks during the year.

TUBERCULOSIS

It is often stated that tuberculosis used to be commoner in Guernsey than on the mainland. This is not true. The incidence was similar in both in the post war years, and there has been a similar decline since then.

This is shown by the average number of cases notified each year by decade:-

1946-55	-	38 cases
1956-65	-	30 cases
1966-75	-	9 cases
1976-85	-	5 cases

The decline is due to a number of factors - better general health and diet, adequate search for and treatment of cases, protection of children by BCG vaccination, and X-ray screening of at risk groups. As the number of cases dwindles, control depends more on early diagnosis and contact tracing than on expensive mass measures, such as routine chest X-ray examinations, which are now being phased out. Five cases of tuberculosis were notified during the year, 4 of which were reactivation of pulmonary TB in elderly individuals.

AIDS

The first case in the Island was notified in 1987. There were 3 known carriers of the Human Immunodeficiency Virus resident in the Island at the end of the year.. It is not known how many Guernsey residents may have been tested in the UK, and found to be infected. Prevention by education, rather than by legislation, is now widely accepted policy by authoritative bodies such as the DHSS on the Mainland and the World Health Organization in Geneva. Locally there has been considerable progress in developing acceptable as well as effective educational initiatives. Advertisements and articles have appeared in the Press, stickers in beer mat form encouraging safer sex have been distributed, and a telephone AIDS information line was set up, which at one stage was attracting 70 enquiries a week. In January the UK DHSS leaflet about AIDS was delivered to every Guernsey household, and at the end of February television viewers could hardly avoid missing the intense UK coverage of this topic. In June the UK National AIDS Counselling Training Unit held a very successful and well attended seminar at the Princess Elizabeth Hospital, principally for nursing staff. In addition, during the year there were 46 one hour presentations to various categories of States staff which were attended by a total of 1,618 individuals. Of these, 790 were health professionals. The Education Council have given full support to the inclusion of the topic of AIDS in the rapidly developing Personal & Social Education input to the curriculum in all Secondary Schools.

The management and prevention of problems associated with HIV infection in the Island is coordinated by an AIDS Working Party, set up by the Board of Health and consisting of the Medical Officer of Health (Chairman), the Chief Executive of the Board of Health, Chief Nurse, the States Pathologist and the States Venereologist with a special interest in AIDS.

It is very hard to convince a disbelieving public that we have a local problem, that it is going to get worse, and that it would be sensible to make behavioural changes now rather than five to ten years hence. By then the death rate will be such that it will no longer be possible to believe "it won't happen here". The long incubation period before infection causes disease, and a pre-occupation with counting todays' known cases (which simply show the extent of infection that was happening in the early 1980s) are the biggest block in instilling any sense of urgency into accepting preventive advice.

The fact that effective prevention really does mean a change in personal sexual behaviour is the hardest message of all for many people to accept.

SEXUALLY TRANSMITTED DISEASES CLINIC.

The two part-time States Venereologists, Drs King and Brannan, have seen patients at sessions on Tuesdays and Fridays throughout the year.

The total number of men attending has increased by nearly a quarter, and there has been an increased attendance of members of both sexes with anxiety about AIDS. These are in addition to those who have made special arrangements for AIDS counselling.

It is impossible to make an accurate epidemiological assessment of sexually transmitted diseases in the Island without being able to count the numbers who attend their family doctor or go to special clinics on the mainland. It is unsatisfactory that a hundred less women than men attended the Special Treatment Clinic - possibly indicating there may be as many as 100 untreated partners who continue to spread these infectious diseases.

It must always be remembered that the 200 individuals who attended the clinic have had a minimum of 200 partners, so that the figures recorded could represent less than half the number of infected individuals in the community.

Table 5:1

SEXUALLY TRANSMITTED DISEASES CLINIC

	Cases			Total New Cases of			Attendances		
	Male	Female	Total	Syphilis	Gonorrhoea	NSU	Male	Female	Total
1972	211	40	251	1	90	95	1114	150	1264
1973	176	48	224	1	66	97	1003	183	1186
1974	194	65	259	3	90	93	974	227	1201
1975	190	83	273	18	81	89	898	321	1219
1976	172	62	234	6	70	43	899	186	1085
1977	146	43	189	0	35	41	322	93	415 *
1978	132	37	169	1	32	28	330	82	412
1979	146	58	204	3	48	36	332	133	465
1980	158	56	214	2	49	40	337	97	434
1981	144	34	178	2	31	49	369	89	458
1982	132	45	177	0	36	35	243	77	320
1983	150	32	182	0	24	31	237	45	282
1984	115	53	168	2	53	36	265	112	377
1985	126	45	171	1	24	49	287	81	368
1986	126	46	172	1	23	29	297	66	363
1987	155	45	200	N/A	N/A	N/A	326	67	393

* In 1977 statistics were computed in a different way, so that the sudden drop in attendances only partly reflects the decrease in new cases and the marked drop in repeat visits due tochanged therapeutic regimens.

In addition to those cases attending the Sexually Transmitted Diseases Clinic, 36 cases of gonococcal infection were confirmed by laboratory diagnosis, from patients attending family doctors.

Detailed figures for diagnosis of patients seen in 1987 are not yet available.

Table 5:2

NOTIFICATIONS OF INFECTIOUS DISEASES

	1967	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87
Measles	1	1	-	-	-	-	-	1292	13	25	523	217	3	581	123	71	258	27	140	75	8
Whooping Cough	-	-	-	-	-	3	1	12	5	5	157	23	69	17	11	42	48	-	-	14	27
Food poisoning	2	1	-	1	3	1	-	-	12	13	33	59	28	38	29	27	22	17	32	160	48
Dysentery	-	-	-	1	-	-	-	-	-	-	-	-	-	2	3	1	1	-	-	-	-
Paratyphoid Fever	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Scarlet Fever	-	1	-	-	-	2	1	3	11	1	3	8	5	2	9	3	4	-	1	-	-
Infective Hepatitis	-	1	1	-	-	-	1	3	6	3	3	5	2	3	3	2	4	-	-	5	2
Leptospirosis	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis	-	-	-	-	6	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-
Acute Meningitis	-	-	-	-	-	2	2	3	-	2	1	1	1	1	-	1	1	-	-	1	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Psittacosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Tuberculosis *	11	10	7	8	9	3	3	7	6	8	8	8	2	3	5	4	3	2	8	1	5
AIDS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1

* Notifications of tuberculosis have been reviewed and corrected.
Tables in previous Annual Reports show small differences from these figures.

THE WORK OF THE ENVIRONMENTAL HEALTH DEPARTMENT

REPORT OF J.M.BAIRDS, CHIEF ENVIRONMENTAL HEALTH OFFICER

A 12% decrease in the number of complaints/requests received during the year gave more time for the Environmental Health Officers to devote to routine visits, particularly in the Food Control Section: many of these visits were 'in depth' inspections.

During the year the Environmental Health Department became a registered examination authority for the Institution of Environmental Health Officers and, by the end of the year, the Department was in a position to offer courses, leading to the Certificate in Basic Food Hygiene, to various establishments in the Island employing food handlers. Response from the food trade was very encouraging and it is to be hoped that, in the years to come, these courses, as well as more advanced ones, will be taken up by the majority of persons working in the food industry.

With food poisoning outbreaks continuing to increase at an alarming rate nationally, it is vitally important that food handlers are not only made aware of their responsibilities but also encouraged to minimise the risks to the general public by availing themselves of the courses offered by the Department.

To ensure long-term benefits, the role of the Environmental Health Officer should be that of an educator and adviser and not just that of an enforcer. His role should be the prevention of situations and conditions that are harmful to the public health, not just the investigation of such conditions once they have occurred.

Much could be done to assist the development of this role by the introduction of some form of prior registration of food premises. This would go a long way to ensure that the food we eat has been prepared under hygienic and safe conditions.

Whilst the Food and Drugs legislation was regarded as adequate for the requirements of the Bailiwick when it was first introduced, various shortcomings have subsequently been highlighted. The most important aspect which needs urgent consideration is an emergency procedure for closure of premises or immediate cancellation of registration: at present there is no such facility for ensuring the protection of the public from food premises even should they prove to be positively dangerous.

Prosecution of persons contravening food hygiene legislation can and does take several months, during which period nothing, at present, can be done to prevent their continuing to operate in a manner which puts their customers at risk.

Less encouraging was the increase in the number of complaints and officers' time that had to be expended in respect of accumulations of offensive waste and rubbish. Waste from catering establishments and other commercial enterprises continues to be stored in skips, that are of unsuitable design and construction, or in plastic sacks which offer no protection from attack by rats, birds and other scavengers.

The centre of St Peter Port, in the early hours of the morning, is frequently littered with food waste and other rotting matter spilled from split refuse sacks awaiting collection. It is small wonder that residents and shopkeepers alike complain bitterly and frequently.

Discussions have taken place between officers from this department, the Constables of St Peter Port, representatives of the Board of Administration and other interested parties, but no concrete proposals for improvement of the refuse storage and collection system have, by the end of the year, been agreed.

Unhealthy conditions will persist and public dissatisfaction will continue to be expressed until such time as more efficient and hygienic systems are introduced. My officers will continue to seek improvement in this issue of basic environmental health concern.

Difficulties were also experienced in achieving remedies to other environmental pollution problems.

Noise, the pollution of the atmosphere by the products of inadequately controlled combustion and the risk of pollution of the general environment of the Island by toxic materials, continues to be a hazard.

The use of mechanisation and of chemically complex, often potentially harmful, materials is increasing. In the small relatively densely populated area of Guernsey this poses a potential threat to the general environment of the Island and, ultimately, to the health of Island inhabitants unless adequate controls are applied. An increased emphasis had to be given to environmental monitoring and the need for new legislation to control pollution became apparent during this year. This matter is to be pursued in 1988.

FOOD CONTROL SECTION

A total of 876 complaints/requests were dealt with during the year.

Details of the 4009 visits and inspections carried out are shown in Table 6:4

Food Complaints

A total of 135 complaints were received. The majority were dealt with informally but four were submitted to the Law Officers for formal action resulting in the companies concerned being prosecuted with total fines of £240 being imposed.

Food Surrender

Foodstuffs voluntarily surrendered during 1987 included:

Fruit and vegetables	6 tons	Cheese and fats	6 tons
Meat - fresh/frozen	10 tons	Fish	544 lbs
" - products	569 lbs	Frozen Foods	24,010 pkts
" - tinned	1 ton	Miscellaneous	17,585 pkts/tins and 2,049 lbs

Food Poisoning

A total of 27 episodes of suspected food poisoning were investigated by Environmental Health Officers, involving a total of 287 visits.

Table 6:1
Food Poisoning 1983 - 1987 : Number of episodes (Suspected and Proven Cases)

CAUSAL ORGANISM	1983	1984	1985	1986	1987
Salmonella sp.	14	18	29	30	23
Campylobacter	1	16	11	6	2
Organism not identified	5	12	15	Nil	Nil
Other	*	*	2	Nil	2
Total number of episodes	20	46	57	36	27
No. of food premises involved	7	1	11	2	Nil
No. of persons positive	29	34	100	160	48

* The gaps in the table are due to changes in methods of recording.

Food and Water Sampling : Table 6:2

Samples submitted for examination

Bacteriological		Chemical	
Water	212	Water	67
Food	11	Food	15
Total	223		82

GENERAL SECTION

A total of 1,561 complaints/requests were dealt with during the year.

Details of the 4,511 visits and inspections carried out are shown in Table 6:3

Rodent Control

1,476 complaints or requests for treatment were received during the year and a total of 3,177 treatments were carried out by Rodent Control staff.

Table 6:3

GENERAL SECTION: CLASSIFIED INSPECTIONS AND VISITS

	1987	1986
Housing (Inspections)	683	556
Housing (Multiple Occupation)	-	1
Housing (Overcrowding)	1	1
Closing Orders issued	6	1
Closing Orders revoked	2	8
Hotel Staff Accommodation	5	3
Nursing/Residential Homes	61	40
Hospitals	-	3
Hairdressers	60	7
Workplaces	1	5
Schools	10	4
Ships	-	1
Camp Sites	2	1
Beaches	4	1
Public Conveniences	19	5
Cemeteries/Crematorium	12	8
Swimming Pools	32	34
Atmospheric Nuisances	101	177
Atmospheric Observations	238	364
Noise Nuisances	42	63
Noise Observations	148	172
Refuse Accumulations	272	261
Controlled Tips	45	8
Verminous Premises	36	76
Disinfestations	5	8
Rodent Control	133	127
Fumigations	7	4
Non Public Health Pests	22	21
Water supplies - Mains	88	37
Water Supplies - Private	135	129
Water Samples	279	207
Streams etc	34	53
Drainage	417	537
Cesspits	67	71
Septic Tanks	4	3
Sewers	-	9
Drain Tests	9	4
Farms	1	8
Piggeries	76	40
Infectious Disease - Investigations	1	-
Infectious Disease - Other Visits	1	4
Health & Safety	4	5
Pharmacy & Poisons	5	27
Lectures (Health Education)	-	2
Plans Inspected	7	18
Visits with Other Departments	-	13
Non Classified Visits	844	839
Exhumations	106	-
Asbestos	176	185
Air Pollution Monitoring	272	346
Dogs/Cats	24	9
Playgroups	14	11
Radiation	-	13
Total	4511	4530

Table 6:4

FOOD CONTROL: CLASSIFIED INSPECTIONS AND VISITS

	1987	1986
Hotels/Guest Houses	214	106
Self-Catering	2	2
Restaurants/Cafes.etc	105	112
Take-away Food Premises	47	24
Canteens	-	1
School Catering	1	-
Hospital Catering	17	10
Outside Catering	37	4
Conference Catering	23	4
Bakeries	67	37
Confectioners (Bakery)	19	14
Breweries	3	-
Public Houses	50	18
Grocers	86	105
Greengrocers	6	1
Confectioners (Ice Cream/Sweets etc)	4	8
Butchers (Retail)	56	47
Butchers (Wholesale)	30	19
Fishmongers (Retail)	23	11
Fishmongers (Wholesale)	4	4
Fish & Chip Shops	30	7
Mobile Food Vehicles	45	49
Cinemas/Clubs	4	-
Packing Stations	2	1
Wholesale/Storage Depots	17	16
Kiosks (Beach etc.)	22	17
Food Factories	5	9
Vending Machines	2	-
States Markets	71	4
States Slaughterhouse	11	7
States Dairy	199	293
Milk Depots/Retailers	6	17
Milk Rejection Investigations } Dairy Farms }	362	540
Registrations (Food & Drugs)	11	63
Examination of Food	217	265
Food Surrender	362	359
Food Destruction (Supv.)	330	286
Food Consumer Complaints	135	148
Food Complaint Visits	363	299
Susp. Food Poisoning Investigations	60	138
Susp. Food Poisoning Visits	287	748
Port Health - Docks	48	89
Port Health - Airport	4	4
Plan Inspected (Food Premises)	47	26
Visits with Other Departments	10	11
Lectures	26	32
Alderney - Visits	11	12
Herm - Visits	7	7
Sark - Visits	1	8
Non Classified Visits	520	547
Total	4009	4529

Table 6:5

CERTAIN STATISTICS RELATING TO HOUSING

Year	Priority Families	Eviction Cases	15 + Points	1 - 14 Points	Dwellings Constructed	Families Housed	Dwellings in course of construction
1968	5	27	25	361	29	53	83
1969	7	23	10	335	59	109	297
1970	8	25	4	374	73	100	244
1971	4	10	1	303	183	194	61
1972	2	8	1	268	65	154	-
1973	1	8	-	268	-	74	-
1974	5	20	3	242	-	54	29
1975	2	18	-	272	36	51	103
1976	1	13	1	277	64	84	58
1977	2	11	-	260	46	104	-
1978	-	14	-	253	14	84	-
1979	2	24	-	282	-	78	65
1980	1	27	-	320	35	80	30
1981	3	30	3	223	-	79	7
1982	3	41	2	227	-	83	31
1983	6	19	-	179	10	82	-
1984	5	26	33	281	9	73	-
1985	5	29	86*	142	5	60	-
1986	10	32	62	213	5	74	-
1987	9	17	65	182	13	70	36

I am indebted to the Secretary, States Housing Authority for the above data.

* Points system reviewed: additional points awarded for certain categories; higher priority defined, as 15 points or over

This table showing a considerable number of priority families, and evicted families, together with a sizeable waiting list, proportionately fewer families rehoused and a low rate of new building, has serious implications for the health of this sector of the community. Unsatisfactory housing is a prime cause of the widening health gap which is currently of great concern to Health Authorities on the mainland. However the States have now appreciated this problem and both funds and land have been found to relieve the situation.

The waiting list for rehousing by the States (about 325 individuals) represents only part of the total number of people who seek a new home. In all it is thought there are another 275 families in the Island who would also like to be rehoused, and are seeking loans to buy a house privately.

ALDERNEY - ANNUAL REPORT

Dr D A S Robertson, Assistant Medical Officer of Health in Alderney, has sumitted the following report -

ANNUAL REPORT OF THE ASSISTANT MEDICAL OFFICER OF HEALTH, ALDERNEY FOR 1987

There were 20 births during 1987, including 1 set of twins; 17 were born in Guernsey and 3 in Alderney. There was a total of 11 male and 9 female babies born. There were no stillbirths or maternal deaths.

There was a total of 19 deaths in 1987, compared with 42 in 1986. All but one died in Alderney.

There were 12 marriages.

Infectious Diseases

Pertussis	15
Salmonella	1

There were no recorded cases of AIDS in the Island.

St Anne's School Report

A total of sixty medical examinations were carried out, out of whom two were referred to the Orthoptist and one to Dr Salisbury.

Thirty eight Tine Tests were carried out, all of which were negative. Seventeen B.C.G. vaccinations were performed.

Eighteen out of twenty three school leavers were examined and received booster doses of Tetanus and Poliomyelitis immunistion.

Twelve girls received Rubella imminisation which was 100% for this cohort.

Mr Cranford Smith carried out termly dental inspections. Mrs Goldstein, the Orthoptist, visited each term for screening and special testing. Miss Richmond, Speech Therapist, visited the Island on two occasions. Mrs J Goodwin, Audiologist, visited on one occasion. Miss S Hayward, Psychologist, visited the school on three occasions.

Twenty school accidents were referred to their own doctor for treatment. The School Nurse made three visits to check specifically for head lice.

In 1988 the school medicals will be carried out by one of the School Medical Officers from Guernsey

Child Health Clinic

This has continued to be well attended. Mrs Anne Lomax now travels up to Alderney every Thursday for the full day so that she can arrange home visits amd appointments for screening tests as well as being available for consultation at the afternoon clinic at the Mignot Memorial Hospital.

The recorded figures for immunisation in 1987 are as follows:-

Trivax and Polio	45
Diph/Tet and Polio	8
Measles	9
Pre-school Diph/Tet and Polio	14

22 children completed their primary immunisation course. It is uncertain whether the drop in measles immunisation represents a true failure to immunise this cohort or whether it is incomplete recording of immunisations given. It is important that parents are aware that in the UK more children die from measles and its complications than from whooping cough. The measles immunisation can safely be given at any age after 13 months. It is important that immunisation is given before the child is exposed to multiple contacts at Sunday Schools, pre-school play groups and 'proper' school itself.

District Nursing Services

Mr Chris Gorman has started a years' course which will enable him to obtain the Certificate of District Nursing. In his absence the district nursing has been run on a rotation system by nurses from the staff of the Mignot Hosiptal. When he returns in 1988 it is planned to run a 24 hour/7 day per week district nursing service.

Environmental Health

A vigorous year long campaign to reduce the rat population has been started by the Agricultural Committee. Mr Maurice McIntyre of Rentokil has been seconded to the Island for this purpose. It is vital to reduce the food supply for the rats and mice by putting edible rubbish in metal or hard plastic covered bins and not in fragile black polythene sacks.

Six consignments of food were inspected and declared unfit for human consumption.

The stream flowing into Longis Bay by the Nunnery continues to be heavily polluted.

I wish to thank Dr. E P Lawrence and the Environmental Health Officers at Lukis House for their continued help and encouragement.

I will be resigning my post as Assistant Medical Officer of Health in Alderney because of the difficulty combining the effective pursuit of my duties with the role of a full time family doctor within the small and isolated community of the Island.

It is planned that the environmental needs of the Island will be covered from Lukis House with more frequent visits by the Environmental Health Officers from Guernsey, especially in the summer months when the population is swollen by visitors.

Struan Robertson

DR. S ROBERTSON
Assistant Medical Officer of Health.

ANALYSIS OF MORTALITY STATISTICS 1987

The accompanying tables give details of all deaths in Guernsey during 1987. Postmortem examination was carried out on 129 occasions, 21% of all deaths. However, if cases of violent or traumatic death, and deaths of non residents are excluded, then postmortems provided more exact details of the cause of death in only 15% of the remainder.

The average age at death was 71.5 for men and 77.4 for women - a difference of nearly 6 years.

One in every five deaths occurred before retirement age - over two a week on average. These are tragic, prematurely early and often preventable deaths.

The major causes of death remain		
	Heart attack and strokes	44%
	Cancer	23%
	Chest disease	12%

The major causes of cancer deaths differ between the sexes:

Men		Women	
Lung	24%	Breast	18%
Oesophagus	8%	Bowel	16%
Bowel	6%	Lung	15%
Prostate	6%	All other sites	51%
All other sites	42%		

Nearly a third of cancer deaths (38) occurred in the 45 - 64 age group. Tumours of the lung continue to be the largest single cause of cancer deaths in Guernsey, (20% of all cancer deaths) and are the largest preventable group.

Cremations were carried out in 42% of deaths.

Fig 7:1

PRINCIPAL CAUSES OF PREMATURE DEATH IN GUERNSEY
BY AGE

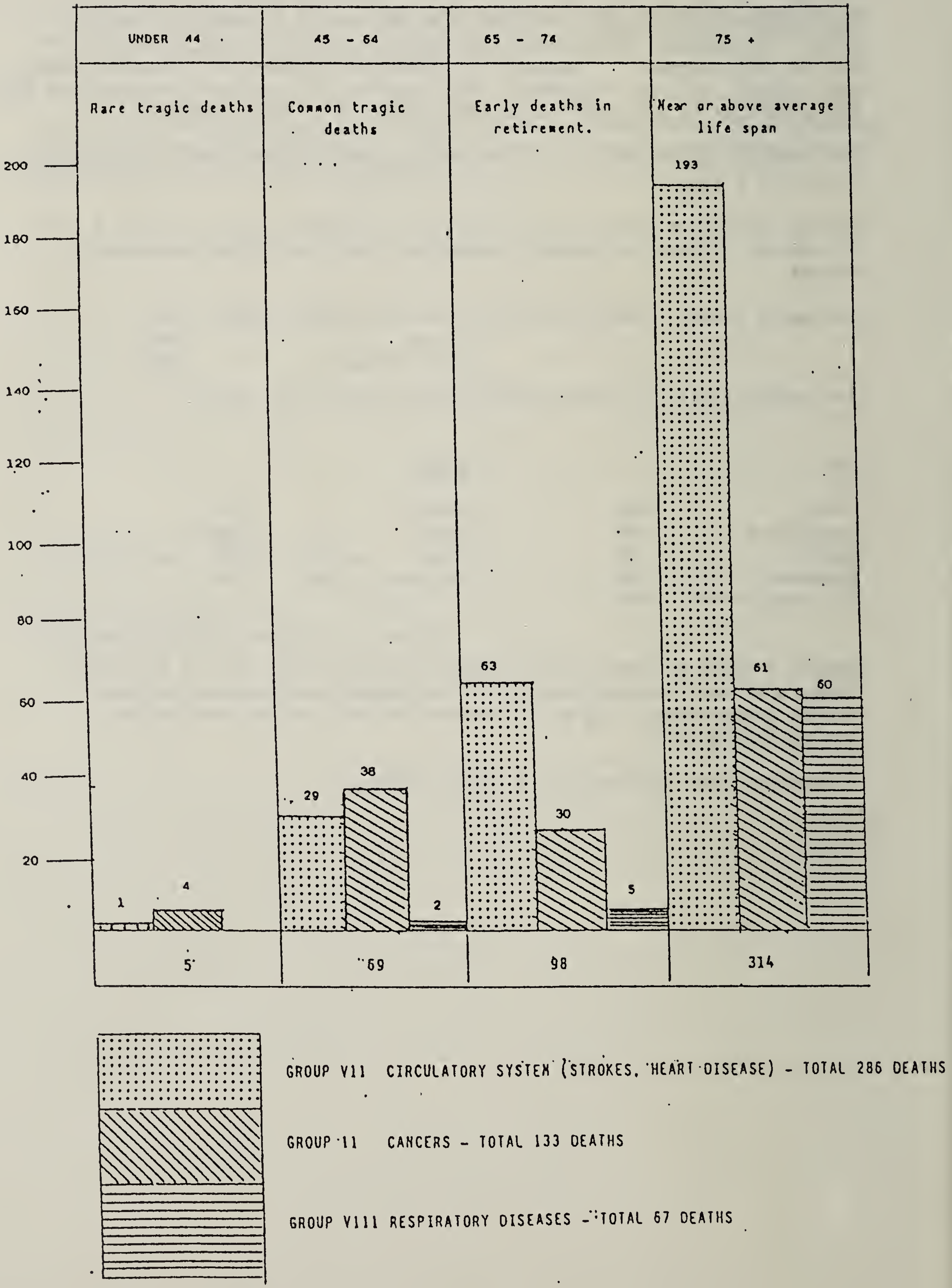

Fig 7:2

6 COMMONEST CAUSES OF EARLY DEATH IN GUERNSEY.

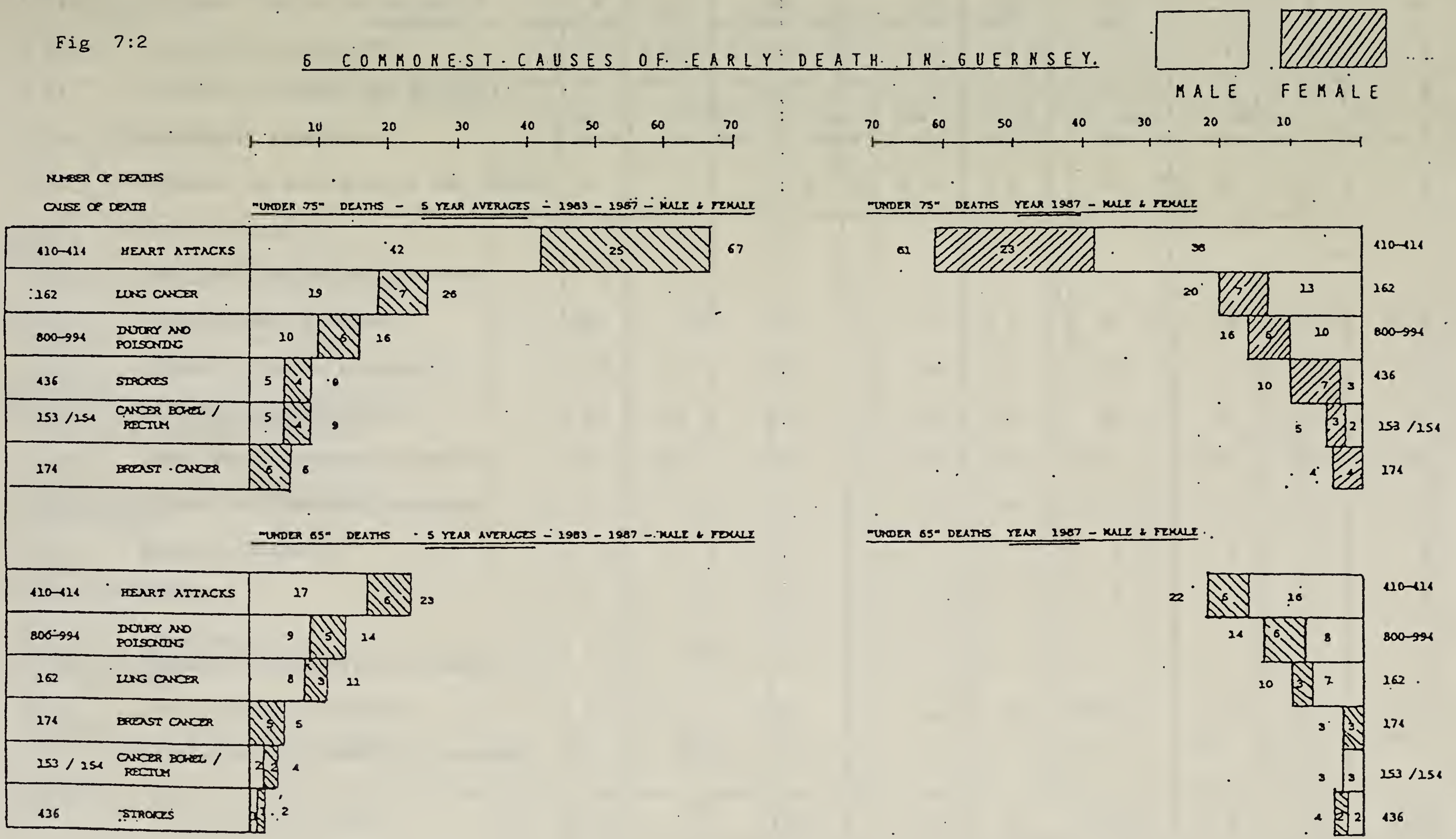

Table 7:3

DEATHS - CLASSIFIED BY CAUSE AND SEX, 1985 - 1987

GROUP		1985			1986			1987		
		M	F	Total	M	F	Total	M	F	Total
I	Infectious and Parasitic Diseases	2	1	3	3	4	7	1	1	2
II	Cancer and new Growths:	97	71	168	85	77	162	78	55	133
III	Endocrine, Metabolic and Immune Diseases:	-	1	1	1	-	1	1	1	2
IV	Anaemias	1	-	1	2	-	2	1	-	1
V	Mental Disorders:	3	3	6	-	1	1	3	1	4
VI	Nervous and Sensory Disorders:	7	2	9	2	4	6	5	7	12
VII	Heart and Circulatory Diseases:	140	127	267	142	150	292	134	152	286
VIII	Respiratory Diseases:	43	40	83	31	39	70	29	38	67
IX	Digestive System Diseases:	13	9	22	8	11	19	7	15	22
X	Genitourinary Diseases:	12	1	13	7	9	16	8	7	15
XI	Complications of Childbearing:	-	-	-	-	-	-	-	-	-
XII	Skin Conditions:	-	1	1	-	-	-	-	-	-
XIII	Diseases of Bone, Muscles and Joints:	-	-	-	-	2	2	1	-	1
XIV	Congenital Anomalies:	-	-	-	1	1	2	1	1	2
XV	Diseases of Foetus and Newborn:	3	-	3	-	-	-	2	-	2
XVI	Ill-defined Conditions:	2	10	12	2	5	7	4	4	8
XVII	Accident, Injury and Poisoning:	8	11	19	15	12	27	12	8	20
	Totals:	331	227	608	299	315	614	287	290	577

Table 7:4 GUERNSEY - DEATHS BY I.C.D 3-FIGURE CODES AND AGE GROUPS .- 1987

CAUSE OF DEATH	Total All Ages		Total All Ages	Age Under 1		Age 1-4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
	M	F		M	F	M	F	M	F	M	F	M	F	M	F	M	F
GROUP 1 Infectious and Parasitic Diseases	1	1	2	-	-	-	1	-	-	1	-	-	-	-	-	-	-
GROUP II Neoplasms	78	55	133	-	-	-	-	-	-	1	3	25	13	16	14	36	25
GROUP III Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	1	1	2	-	-	-	-	-	-	-	-	-	1	1	-	-	-
GROUP IV Diseases of the Blood and Blood-Forming Organs	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-
GROUP V Mental Disorders	3	1	4	-	-	-	-	-	-	-	-	1	-	-	-	2	1
GROUP VI Diseases of the Nervous System and Sense Organs	5	7	12	-	-	-	1	1	-	-	1	2	1	2	-	-	4
GROUP VII Diseases of the Circulatory System	134	152	286	-	-	-	-	-	-	1	-	19	10	34	29	80	113
GROUP VIII Diseases of the Respiratory System	29	38	67									1	1	2	3	26	34
Carried forward:	252	255	507	-	-	-	2	1	-	3	4	48	26	56	46	144	177

Table 7:4 contd

GUERNSEY - DEATHS BY I.C.D 3 . - FIGURE CODES AND AGE GROUPS - 1987

CAUSE OF DEATH	Total All ages		Total all ages	Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 -74		Age 75 +	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F
Brought forward	252	255	507	-	-	-	2	1	-	3	4	48	26	56	46	144	177
GROUP 1X Diseases of the Digestive System	7	15	22	-	-	-	-	-	-	1	1	2	3	1	4	3	7
GROUP X Diseases of the Genitourinary System	8	7	15	-	-	-	-	-	-	-	-	1	-	2	-	5	7
GROUP X111 Diseases of the Musculoskeletal System and Connective Tissue	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-
GROUP X1V Congential Anomalies	1	1	2	-	1	-	-	-	-	-	-	-	-	1	-	-	-
GROUP XV Certain conditions originating in perinatal period	2	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-
GROUP XV1 Symptoms, Signs and Ill-defined Conditions	4	4	8	1	-	-	-	-	-	-	-	-	-	-	-	3	4
GROUP XV11 Injury and Poisoning	12	8	20	-	-	1	-	3	-	3	-	1	6	2	-	2	2
Totals:	287	290	577	3	1	1	2	4	-	7	5	53	35	62	50	157	197

Table 7:5

GROUP VII - DISEASES OF THE CIRCULATORY SYSTEM

DEATHS FROM HYPERTENSION, "CORONARIES" AND "STROKES" 1982 - 1987

I.C.D. Codes	Cause of Death	1982		1983		1984		1985		1986		Average 82 - 86		1987	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
400 - 404	Hypertensive heart disease ("Blood Pressure")	12	5	9	10	2	7	5	6	8	6	7	7	3	2
410 - 414	Ischaemic heart disease ("Coronaries")	65	51	75	63	78	50	75	59	79	77	74	60	82	78
430 - 438	Cerebrovascular disease ("Strokes")	23	48	25	44	15	40	27	36	26	35	23	41	22	45
ALL GROUP VII CODES		137	148	141	154	124	133	140	127	141	149	137	142	134	152

Table 7:6

GROUP VIII - DISEASES OF THE RESPIRATORY SYSTEM - 1982 - 1987

I.C.D. Codes	CAUSE OF DEATH	1982		1983		1984		1985		1986		Average 82 - 86		1987	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
485	Bronchopneumonia, unspecified	22	23	15	29	19	30	16	25	17	22	18	26	19	27
487	Influenza	-	2	3	9	-	3	1	2	-	2	1	4	-	5
491-492	Chronic bronchitis and emphysema	13	2	15	4	13	3	14	6	6	4	12	4	5	-
ALL GROUP VIII CODES		46	34	49	61	38	52	43	40	31	39	41	45	29	38

Table: 7:7

DEATHS DUE TO SOME VIOLENT OR ACCIDENTAL CAUSES - 1982 - 1987

I.C.D. Codes	CAUSE OF DEATH	1982		1983		1984		1985		1986		1987		5 year averages 1982 - 1986	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
E810 - 829	Motor vehicle traffic accident	3	2	3	1	3	1	2	3	3	-	2	1	3	1
E850 - 869	Accidental poisoning	2	1	-	2	1	-	-	-	-	-	-	1	1	1
E880 - 888	Accidental falls	1	3	2	-	1	4	-	-	4	1	3	-	2	2
E910	Accidental drowning and submersion	-	1	1	-	2	-	-	1	1	-	-	1	1	-
E950 - 959	Suicide and self inflicted injury	3	4	2	1	3	1	2	3	3	-	5	5	3	2
E960 - 969	Homicide	-	-	-	-	-	-	-	-	-	-	1	-	-	-
E980 - 989	Injury undetermined whether accidentally or purposely inflicted	-	1	-	-	-	-	1	-	1	-	1	-	-	1
	Totals:	9	12	8	4	10	6	5	7	12	1	12	8	9	6

Table 7:8

GROUP II - NEOPLASMS - SOME CANCERS - 1982 - 1987

I.C.D. Codes	Cause of Death	1982		1983		1984		1985		1986		Average 82 - 86		1987	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
150	Malignant neoplasm of oesophagus	3	2	3	3	1	4	3	3	2	4	2	3	6	1
151	Malignant neoplasm of stomach	10	12	6	7	4	3	7	3	6	3	6	6	5	3
152-154	Malignant neoplasm of intestine (including rectum)	9	10	12	12	12	10	10	6	11	3	11	8	5	9
157	Malignant neoplasm of pancreas	2	4	5	3	5	3	3	2	2	2	3	3	4	2
162	Malignant neoplasm of trachea, bronchus and lung	29	10	27	11	34	10	34	14	30	10	31	11	19	8
174	Malignant neoplasm of breast	-	10	-	11	-	8	-	17	-	15	-	12	-	10
180-183	Malignant neoplasm of uterus, cervix and adnexae	-	4	-	5	-	3	-	5	-	12	-	6	-	4
185	Malignant neoplasm of prostate	5	-	10	-	11	-	11	-	5	-	8	-	5	-
204-207	Leukaemia	1	-	-	2	1	1	2	2	2	2	1	1	1	1
TOTALS OF ALL CANCER DEATHS		76	67	81	74	86	59	97	71	85	77	85	70	78	55
		143		155		145		168		162		155		133	

NOTE: The figures at the foot of each column are not totals of the figures above but the total of all cancer deaths at all ages for the year given.

Table 7:9

MORTALITY - CANCER(ALL FORMS)1961 - 1987

Deaths by year and sex, rates per thousand resident population

Year	PERSONS		MALE		FEMALE	
	Deaths	Rate/1,000	Deaths	Rate/1,000	Deaths	Rate/1,000
1961	98	2.23	40	1.89	58	2.54
1962	117	2.62	62	2.88	55	2.37
1963	100	2.20	60	2.75	40	1.70
1964	100	2.17	51	2.30	49	2.05
1965	104	1.22	65	2.89	39	1.61
1966	127	1.68	72	3.15	55	2.23
1967	114	2.37	68	2.94	46	1.84
1968	124	2.54	69	2.94	55	2.17
1969	121	2.44	63	2.64	58	2.26
1970	91	1.81	59	2.44	32	1.23
1971	149	2.93	88	3.59	61	2.31
1972	131	2.55	74	2.99	57	2.13
1973	129	2.48	65	2.60	64	2.37
1974	137	2.61	69	2.72	68	2.50
1975	142	2.67	77	3.01	65	2.37
1976	139	2.60	70	2.70	69	2.49
1977	158	2.91	98	3.74	60	2.14
1978	131	2.41	71	2.71	60	2.14
1979	129	2.36	65	2.47	64	2.37
1980	147	2.75	72	2.80	75	2.71
1981	136	2.55	78	3.03	58	2.10
1982	143	2.68	76	2.95	67	2.43
1983	155	2.90	81	3.15	74	2.68
1984	145	2.7	86	3.34	59	2.14
1985	168	3.2	97	3.77	71	2.57
1986	162	2.82	85	3.16	77	2.69
1987	133	2.4	78	2.90	55	1.9

Table 7:10

MORTALITY - CANCER OF TRACHEA, BRONCHUS AND LUNG - 1965 -1987

Guernsey deaths and rates per million resident population, compared with rates per million published for England and Wales. (England and Wales data from O.P.C.S. Quarterly publication "Population Trends").

	PERSONS			MALE			FEMALE		
	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W
1965	22	470	563	22	978	958	0	–	168
66	29	611	573	20	876	969	7	365	178
67	26	540	596	24	1,036	1,003	1	80	189
68	21	430	606	18	766	1,015	3	118	198
69	23	464	622	20	839	1,043	3	117	202
1970	20	398	631	18	745	1,049	2	77	214
71	39	766	637	36	1,470	1,052	3	114	222
72	37	719	642	31	1,252	1,074	6	225	233
73	32	615	651	26	1,038	1,082	6	223	242
74	30	571	668	22	869	1,099	8	294	260
1975	32	603	665	25	976	1,084	7	255	267
76	28	522	678	22	849	1,103	6	216	274
77	40	737	687	34	1,297	1,109	6	214	287
78	34	626	695	28	1,067	1,112	6	214	299
79	37	678	702	30	1,138	1,113	7	248	312
1980	30	562	709	19	738	1,109	11	398	330
81	33	619	700	25	973	1,088	8	290	331
82	39	732	702	29	1,128	1,075	10	363	348
83	38	713	716	27	1,050	1,096	11	399	356
84	44	825	708	34	1,322	1,067	10	362	373
1985	48	901	719	34	1,322	1,053	14	508	375
86	40	721	705	30	1,117	1,035	10	349	391
87	27	487	702	19	707	1,017	8	279	402
Ten Year Averages									
1965 – 74	28	558	619	24	987	1,034	4	161	211
1975 – 84	35	661	696	27	1,054	1,096	8	296	318
% increase		+18%	+12%		+7%	+6%		+84%	+51%

The poor outlook for those afflicted with this condition is shown by recent UK figures - 15 to 30% of those diagnosed as having cancer of the lung may expect to survive for 1 year, but only 5-15% will survive for 5 years, (depending on age at diagnosis).

Table 7:11

MORTALITY - CANCER OF BREAST - GUERNSEY WOMEN 1976 - 1987.

by age groupings, with rates and mainland comparisons

Year	under 40	40-59	60 and over	Total	Rate per 100,000	
					Guernsey	England and Wales
1976	-	4	5	9	32.6	46.4
1977	-	5	7	12	42.8	46.6
1978	-	1	9	10	35.6	47.0
1979	1	2	6	9	31.9	47.6
1980	-	1	12	13	47.0	47.8
1981	2	3	7	12	43.4	49.1
1982	1	3	6	10	36.3	48.7
1983	-	2	9	11	39.9	49.7
1984	-	3	5	8	29.0	51.9
1985	-	2	15	17	61.6	52.8
1986	1	5	9	15	52.7	54.6
1987	-	2	8	10	35.0	53.7 *

Note * England & Wales provisional figure

Five year average rates 1983 - 1987

Guernsey	43.6	per 100,000 females
England & Wales	52.2	per 100,000 females

The recorded deaths represent but a fraction of the total morbidity as between 75 & 95% of those diagnosed as having cancer of the breast will survive for 1 year, and 60% will still be alive after 5 years.

Table 7:12 Guernsey - Deaths by I.C.D 3 - Figure codes and age groups - 1987

I.C.D. Code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 4		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP 1 Infectious and parasitic diseases																
070	Viral hepatitis	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
079	Viral infection in conditions classified elsewhere and of unspecified site.	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-
	Totals Group 1	1	1	-	-	-	1	-	-	1	-	-	-	-	-	-	-
	GROUP 11 Neoplasms																
147	Malignant, nasopharynx	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
150	Malignant, oesophagus	6	1	-	-	-	-	-	-	-	-	1	-	1	-	4	1
151	Malignant, stomach	5	3	-	-	-	-	-	-	-	-	-	-	1	1	4	2
153	Malignant, colon	3	7	-	-	-	-	-	-	-	-	2	1	-	2	1	4
154	Malignant, rectum, rectosigmoid junction	2	2	-	-	-	-	-	-	-	-	1	1	-	-	1	1
155	Malignant, liver and intrahepatic bile ducts	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
157	Malignant, pancreas	4	2	-	-	-	-	-	-	-	-	-	1	2	-	2	1
159	Malignant, other and ill-defined sites within digestive organs and peritoneum	3	2	-	-	-	-	-	-	-	-	-	-	1	2	2	-
161	Malignant, neoplasm of larynx	4	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-
162	Malignant, neoplasm of trachea, bronchus and lung	19	8	-	-	-	-	-	-	-	-	7	3	6	4	6	1
163	Malignant, neoplasm of pleura	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
172	Malignant, melanoma of skin	3	1	-	-	-	-	-	-	-	1	2	-	-	-	1	-
	Carried forward	52	26	-	-	-	-	-	-	1	1	18	6	12	9	21	10

Table 7:12 contd Guernsey - Deaths by I.C.D 3-figure codes and age groups - 1987

I.C.D. code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Carried Forward	52	26	-	-	-	-	-	-	1	1	18	6	12	9	21	10
	GROUP 11 cont.																
174	Malignant, female breast	-	10	-	-	-	-	-	-	-	-	-	3	-	1	-	6
182	Malignant, body of uterus	-	2	-	-	-	-	-	-	-	-	-	1	-	-	-	1
183	Malignant, ovary and uterine adnexae	-	2	-	-	-	-	-	-	-	1	-	-	-	1	-	-
185	Malignant, prostate	5	-	-	-	-	-	-	-	-	-	1	-	1	-	3	-
188	Malignant, bladder	1	3	-	-	-	-	-	-	-	-	-	-	-	1	1	2
189	Malignant, kidney and other urinary organs	4	2	-	-	-	-	-	-	-	1	2	-	-	-	2	1
191	Malignant, brain	3	-	-	-	-	-	-	-	-	-	2	-	1	-	-	-
193	Malignant, thyroid gland	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
195	Malignant, neoplasm of other ill-defined sites	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1
199	Malignant, site unspecified	6	5	-	-	-	-	-	-	-	-	2	1	1	2	3	2
202	Other malignant neoplasms of lymphoid tissue	1	1	-	-	-	-	-	-	-	-	-	1	-	-	1	-
203	Multiple myeloma and immunoproliferative neoplasm	1	1	-	-	-	-	-	-	-	-	-	-	1	-	-	1
204	Lymphoid Leukaemia	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
205	Myeloid Leukaemia	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
208	Leukaemia of unspecified cell type	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
238	Neoplasms of uncertain behaviour of other and unspecified sites and tissues	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1
	Totals Group 11	78	55	-	-	-	-	-	-	1	3	25	13	16	14	36	25
	GROUP 111 Endocrine, Nutritional and Metabolic diseases and Immunity Disorders.																
250	Diabetes mellitus	1	1	-	-	-	-	-	-	-	-	-	1	1	-	-	-
	Totals Group 111	1	1	-	-	-	-	-	-	-	-	-	1	1	-	-	-

Table 7:12 contd Guernsey - Deaths by I.C.D 3-figure codes and age groups -1987

CAUSE OF DEATH	Total		Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
GROUP 1V Diseases of the blood and blood forming organs																
Other disease of blood and blood forming organs	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Totals Group IV	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
GROUP V Mental disorders																
Senile dementia	2	1	-	-	-	-	-	-	-	-	-	-	-	-	2	1
Alcohol dependence syndrome	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Totals Group V	3	1	-	-	-	-	-	-	-	-	1	-	-	-	2	1
GROUP VI Diseases of the nervous system and sense organs																
Other cerebral degeneration	1	3	-	-	-	-	-	-	-	-	-	-	1	-	-	3
Anterior horn cell disease	2	1	-	-	-	-	-	-	-	-	2	1	-	-	-	-
Infantile cerebral palsy	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Epilepsy	1	1	-	-	-	-	-	-	-	1	-	-	1	-	-	-
Inflammatory and toxic neuropathy	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Muscular dystrophies and other myopathies	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Totals Group VI	5	7	-	-	-	1	1	-	-	1	2	1	2	-	-	4

Table 7:12 contd Guernsey - Deaths by I.C.D 3-figure codes and age groups - 1987

I.C.D code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP VII Diseases of the circulatory system																
398	Other rheumatic heart disease	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
402	Hypertensive heart disease	3	2	-	-	-	-	-	-	-	-	-	-	2	-	1	2
410	Acute myocardial infarction	59	42	-	-	-	-	-	-	1	-	13	6	18	10	27	26
412	Old myocardial infarction	1	2	-	-	-	-	-	-	-	-	-	-	1	-	-	2
414	Other forms of chronic ischaemic heart disease	22	34	-	-	-	-	-	-	-	-	2	-	4	7	16	27
415	Acute pulmonary heart disease	8	4	-	-	-	-	-	-	-	-	-	-	2	2	6	2
416	Chronic pulmonary heart disease	3	1	-	-	-	-	-	-	-	-	-	-	-	-	3	1
425	Cardiomyopathy	2	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-
428	Heart failure	6	11	-	-	-	-	-	-	-	-	-	-	-	1	6	10
430	Subarachnoid haemorrhage	-	2	-	-	-	-	-	-	-	-	-	1	-	1	-	-
431	Intracerebral haemorrhage	2	4	-	-	-	-	-	-	-	-	-	-	1	-	1	4
434	Occlusion of cerebral arteries	7	4	-	-	-	-	-	-	-	-	-	-	1	-	6	4
436	Acute but ill-defined cerebrovascular disease	9	24	-	-	-	-	-	-	-	-	2	2	1	5	6	17
437	Other and ill-defined cerebrovascular	1	6	-	-	-	-	-	-	-	-	-	-	-	-	1	6
438	Late effects of cerebrovascular disease	3	5	-	-	-	-	-	-	-	-	-	-	1	-	2	5
440	Atherosclerosis	4	2	-	-	-	-	-	-	-	-	1	-	2	1	1	1
441	Aortic aneurysm	3	2	-	-	-	-	-	-	-	-	1	-	-	-	2	2
443	Other peripheral vascular disease	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	3
446	Polyarteritis nodosa and allied conditions	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
453	Other venous embolism and thrombosis	1	2	-	-	-	-	-	-	-	-	-	-	-	1	1	1
	Totals Group VII	134	152	-	-	-	-	-	-	1	-	19	10	34	29	80	113

Table 7:12 contd Guernsey - Deaths by I.C.D 3-figure codes and age groups - 1987

I.C.D. code No	CAUSE OF DEATH	Total M	Total F	Under 1 M	Under 1 F	Age 1 - 4 M	Age 1 - 4 F	Age 15 - 24 M	Age 15 - 24 F	Age 25 - 44 M	Age 25 - 44 F	Age 45 - 64 M	Age 45 - 64 F	Age 65 - 74 M	Age 65 - 74 F	Age 75 + M	Age 75 + F
	GROUP VIII Diseases of the respiratory system																
480	Viral pneumonia	-	2	-	-	-	-	-	-	-	-	-	-	-	2	-	-
485	Bronchopneumonia, organism unspecified	19	27	-	-	-	-	-	-	-	-	1	1	-	-	18	26
486	Pneumonia, organism unspecified	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
487	Influenza	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	5
491	Chronic bronchitis	4	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-
492	Emphysema	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
493	Asthma	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
494	Bronchiectasis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
496	Chronic airways obstruction, not elsewhere classified	3	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-
514	Pulmonary congestion and hypostasis	-	2	-	-	-	-	-	-	-	-	-	-	-	1	-	1
518	Other diseases of lung	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Totals Group VIII	29	38	-	-	-	-	-	-	-	-	1	1	2	3	26	34
	GROUP IX Diseases of the digestive system																
532	Duodenal ulcer	-	2	-	-	-	-	-	-	-	-	-	1	-	-	-	1
533	Peptic ulcer, site unspecified	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
535	Gastritis and duodenitis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
551	Other hernia of abdominal cavity with gangrene	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
56	Idiopathic proctocolitis	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
57	Vascular insufficiency of intestine	-	3	-	-	-	-	-	-	-	-	-	1	-	-	-	2
59	Other disorders of intestine	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2
571	Chronic liver disease and cirrhosis	2	5	-	-	-	-	-	-	1	1	1	1	-	3	-	
574	Cholelithiasis	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
577	Diseases of the pancreas	3	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-
	Totals Group IX	7	15	-	-	-	-	-	-	1	1	2	3	1	4	3	7

Table 7:12 contd Guernsey - Deaths by I.C.D . 3-figure codes and age groups - 1987

I.C.D. Code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP X Diseases of the genitourinary system																
581	Nephrotic syndrome	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
584	Acute renal failure	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1
585	Chronic renal failure	3	6	-	-	-	-	-	-	-	-	1	-	1	-	1	6
590	Infections of kidney	3	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-
	Totals Group X	8	7	-	-	-	-	-	-	-	-	1	-	2	-	5	7
	GROUP XIII Diseases of the musculoskeletal system. and connective tissue.																
720	Ankylosing spondylitis and other inflammatory spondylopathies	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
	Totals Group X	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
	GROUP XIV Congenital anomalies																
753	Congenital anomalies of urinary system	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
759	Other and unspecified congenital anomalies	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	Totals Group XIV	1	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-
	GROUP XV Certain conditions originating in Perinatal period																
762	Foetus or newborn affected by complications of placenta, cord and membranes	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
765	Disorders relating to short gestation and unspecified low birthweight	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
	Totals Group XV	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-

Table 7:12 contd

Guernsey - Deaths by I.C.D 3-figure codes and age groups - 1987

I.D.C. code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 4		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP XVI																
	Symptoms, signs and ill-defined conditions																
97	Senility without mention of psychosis	3	4	-	-	-	-	-	-	-	-	-	-	-	-	3	4
98	Sudden death, cause unknown	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
	Totals Group XVI	4	4	1	-	-	-	-	-	-	-	-	-	-	-	3	4
	GROUP XVII																
	Injury and poisoning																
0	Fracture of vault of skull	2	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-
4	Multiple fractures involving skull or face with other bones	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
53	Other and unspecified intracranial haemorrhage following injury	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
854	Intracranial injury of other and unspecified nature	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
861	Injury to heart and lung	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
862	Injury to other and unspecified intrathoracic organs	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
64	Injury to liver	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
69	Internal injury to unspecified or ill-defined organs	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
67	Poisoning by sedatives and hypnotics	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
69	Poisoning by psychotropic agents	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
30	Toxic effect of alcohol	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
36	Toxic effects of carbon monoxide	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
91	Effects of reduced temperature	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
994	Effects of other external causes	3	3	-	-	-	-	1	-	1	-	-	2	1	-	-	1
	Totals Group XVII	12	8	-	-	1	-	3	-	3	-	1	6	2	-	2	2

Table 7:13

GUERNSEY - NON-RESIDENT DEATHS - 1987

I.C.D. No.	CAUSE OF DEATH	Total all ages		Total all ages	Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F		M	F	M	F	M	F
	GROUP 11 (Neoplasms)									
162	Malignant, trachea, bronchus and lung	-	1	1	-	1	-	-	-	-
199	Malignant, neoplasm without specification	-	1	1	-	-	-	-	-	1
	GROUP V1 (Nervous System)									
332	Parkinson's disease	1	-	1	-	-	-	-	1	-
	GROUP V11 (Circulatory System)									
410	Acute myocardial infarction	11	2	13	1	1	6	1	4	-
414	Other forms of chronic ischaemic heart disease	1	-	1	-	-	-	-	1	-
434	Occlusion of cerebral arteries	1	-	1	-	-	1	-	-	-
436	Acute but ill-defined cerebrovascular disease	-	2	2	-	1	-	-	-	1
441	Aortic aneurysm	2	1	3	2	-	-	-	-	1
	Totals	16	7	23	3	3	7	1	6	3